Data Submission Guide for Dispensers

Texas Prescription Monitoring Program

February 2023
Version 3.1

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1   Data Collection and Tracking

1.1   Data Collection Requirements

This guide provides information regarding the Texas Prescription Monitoring Program (PMP). In accordance with Chapter 481 of the Texas Health and Safety Code, the Texas State Board of Pharmacy (TSBP) has implemented a PMP to monitor and track the prescribing and dispensing of Schedule II–V controlled substances. This program is intended to monitor, detect, and prevent the diversion and abuse of prescription controlled substances. Such programs have been identified as effective regulatory, law enforcement, and treatment tools.

The Program seeks to control misuse by following controlled substances to the point of ultimate use. The Texas PMP can be used by practitioners and pharmacists to verify their own records and inquire about patients. In addition, the program can be used to generate and disseminate information regarding prescription trends.

Information about controlled substance dispensing activities is reported at regular intervals to the TSBP through the authorized data collection vendor, Bamboo Health Inc. Pharmacies are required by law to report to the data collection vendor in approved formats and frequencies. This requirement includes non-resident pharmacies that mail or deliver controlled substance prescription drugs into Texas. All dispensers of Schedule II–V controlled substance prescriptions are required to collect and report dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d).

1.2   Reporting Requirements

Effective September 1, 2017, Texas-licensed pharmacies are required to report all dispensed controlled substances records to the Texas PMP **no later than the next business day** after the prescription is completely filled.

The laws and rules for reporting to the PMP are continuously subjected to change. It is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.

A "dispenser" is identified as an individual or entity who dispenses a controlled substance to an ultimate user or their representative.

Data for chain pharmacies will most likely be submitted from corporate offices. Chain pharmacies should confirm that the corporate office will be submitting data to the PMP. Independent pharmacies or other entities should forward the reporting requirements to their software vendor. The software vendor will need to create the data file and may be able to submit the data on behalf of the

pharmacy. If the software vendor is not submitting data, follow the instructions provided in the Data Submission chapter to submit the data.

2   Data Submission

This chapter provides information and instructions for submitting data to the PMP Clearinghouse repository.

2.1   Timeline and Requirements

- **Pharmacies and software vendors can establish submission accounts upon receipt of this guide. See Creating Your Account for more information.**
- **Beginning September 1, 2016, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under Reporting Requirements.**
- **If a pharmacy does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period or it will be considered noncompliant. See Zero Reports for additional details.**

2.2   Upload Specifications

Files should be in the ASAP 4.1 (2009) format, as defined in Appendix A: ASAP 4.1 Specifications, the ASAP 4.2 (2011) format, as defined in Appendix B: ASAP 4.2 Specifications, the ASAP 4.2A format, as defined in Appendix C: ASAP 4.2A Specifications, or the ASAP 4.2B format, as defined in Appendix D: ASAP 4.2B Specifications. Files for upload should be named in a unique fashion, with a prefix constructed with the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20220415.dat". All of your upload files will be kept separate from the files of others.

Reports for multiple pharmacies can be in the same upload file in any order.

3   Accessing Clearinghouse

This chapter describes how to create your PMP Clearinghouse account and how to log in to the PMP Clearinghouse web portal.

3.1   Creating Your Account

Prior to submitting data, you must create an account. **If you are currently registered with the Bamboo Health PMP Clearinghouse system, you *do not* need to register for a new account—you will be able to add Texas to your existing account for data submissions.** If you have an existing PMP Clearinghouse account, please refer to Adding PMPs to Your Upload Account to add PMPs to your account.

Notes:

- *Data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies throughout the PMP. Therefore, chains with multiple stores need only to set up one account to upload a file.*

- *PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.*

- *If you need to make changes to an existing PMP Clearinghouse upload account, please refer to Managing Your Upload Account.*

Perform the following steps to create an account:

1. Open an internet browser window and navigate to the PMP Clearinghouse Account Registration page located at https://pmpclearinghouse.net/registrations/new.

2. Complete your Profile Details.

a. Enter your current, valid email address in the **Email Address** field.

    Note: The email address you provide here will act as your user name when logging into the PMP Clearinghouse system.

b. Enter a password for your account in the **Password** field, then re-enter it in the **Password Confirmation** field. The password requirements are provided below.

    Passwords must contain:

    - *At least eight (8) characters*
    - *One (1) uppercase letter*
    - *One (1) lowercase letter*
    - *One (1) number*
    - *One (1) special character, such as !, @, #, $, etc.*

3. Complete your Personal and Employer Information.

Please note the following when completing your Personal and Employer Information:

- Required fields are marked with an asterisk (*****).
- You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or **NCPDP** number, then clicking the search icon (🔍). If the number you entered is found, your information will automatically be populated.

4. If secure file transfer protocol (SFTP) is required, complete the Data Submission section of the page.

Notes:
- *If SFTP access is not required, you do not need to complete the Data Submission section and you may continue to step 5.*
- *You may add SFTP access to an existing account. Please refer to Adding SFTP Access to an Upload Account for complete instructions.*

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a. Click to select the **Enable SFTP Access** checkbox.

The SFTP access fields are displayed.

Data Submission

PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states.

☑ Enable SFTP Access

SFTP Username

SFTP Password

SFTP Password Confirmation

Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !,@,#,$)

☐ Enable Real-Time Access

b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmpsftp. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be *test5555555555@prodpmpsftp*.

c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

- *At least eight (8) characters*
- *One (1) uppercase letter*
- *One (1) lowercase letter*
- *One (1) number*
- *One (1) special character, such as !, @, #, $, etc.*

This password will be input into the pharmacy software so that submissions can be automated.

Notes:

- *This password can be the same as the one previously entered under Profile.*
- *Unlike the Profile password (i.e., your user account password), the SFTP password does not expire.*
- *The URL to connect via SFTP is sftp://sftp.pmpclearinghouse.net.*

- *Additional details on SFTP configuration can be found in* [*Appendix D: SFTP Configuration*](#).

5. In the Submission Destinations section of the page, select the PMP(s) for which you will be submitting data.

6. Click **Submit**.

   The request is submitted to the PMP administrator for each of the PMPs you selected for data submission, and the Registration Information Overview page is displayed as shown on the following page.

7. Click **Continue**.

   The PMP Clearinghouse Login page is displayed; however, you will not be able to log in until your account has been approved. Once the PMP administrator has approved your request, you will receive a welcome email instructing you to confirm your account. Follow the instructions in the email to confirm your account and begin submitting data to PMP AWARxE.

3.2 Logging In to PMP Clearinghouse

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at https://pmpclearinghouse.net/users/sign_in.
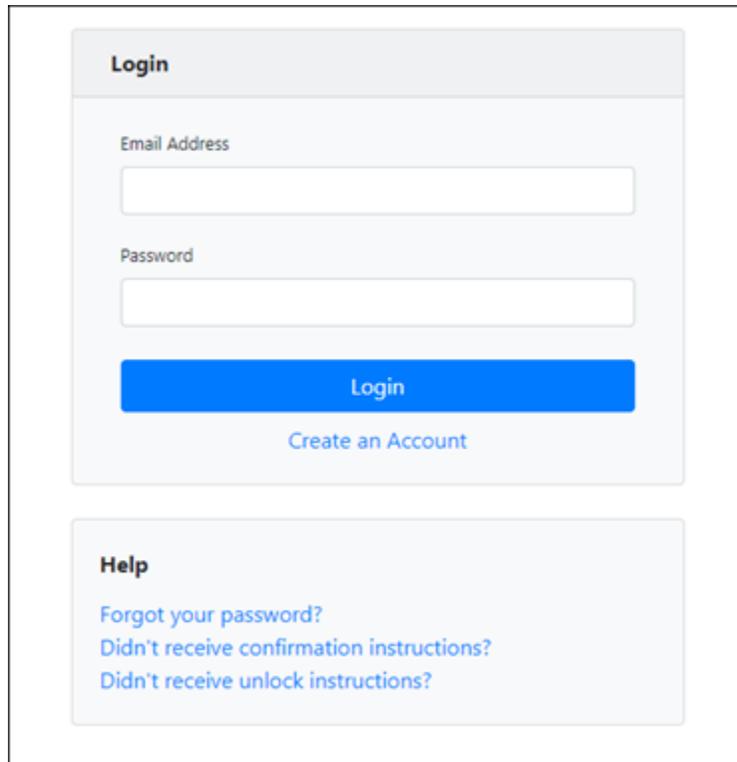
2. Enter the email address you used to create your account in the **Email Address** field.

3. Enter your password in the **Password** field.

   Note: If you have forgotten your password, have completed your registration but did not receive the account confirmation email, or your account has been locked and you did not receive the email with instructions for unlocking your account, please refer to the links in the Help section of the page. For detailed instructions on resetting your password, refer to Resetting Your Password.

4. Click **Login**.

   The PMP Clearinghouse home page is displayed.
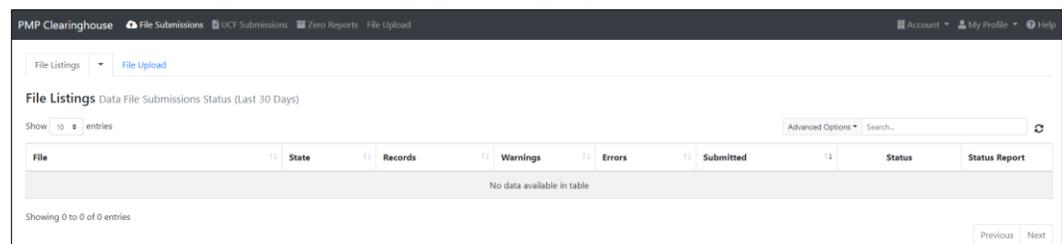
4 Data Delivery Methods

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s) to PMP Clearinghouse.

For quick reference, you may click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method:

Delivery Method	Page
Secure FTP	10
Web Portal Upload	11
Manual Entry (UCF)	12
Zero Reports	15

4.1 Secure FTP

If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual subfolders for the PMP systems to which you are submitting data. These subfolders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the PMP abbreviation (e.g., AK, DC, GU, KS, TX, PR, etc.).** Data files not submitted to a PMP subfolder will be required to have a manual PMP assignment made on the File Listings page. Please refer to PMP Subfolders for additional details on this process.

1. If you do not have a PMP Clearinghouse account, perform the steps in Creating Your Account.

   Or

2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in Adding SFTP Access to an Upload Account.

3. Prepare the data file(s) for submission, using the ASAP specifications described in Appendix A: ASAP 4.1 Specifications, Appendix B: ASAP 4.2 Specifications, Appendix C: ASAP 4.2A Specifications, or Appendix D: ASAP 4.2B Specifications.

4. SFTP the file to sftp://sftp.pmpclearinghouse.net.

5. When prompted, enter the username and password you created when setting up the SFTP account.

6. Place the file in the appropriate PMP-abbreviated directory.

7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse.

Note: *If you place the data file in the root directory and not a PDMP sub-folder, a* ❓ *symbol with a mouse over hint of* "*Determine PMP*" *is displayed on the* **File**

> ***Status*** *page, and you will be prompted to select a destination PMP to which the data should be sent..*

4.2 Web Portal Upload

1. If you do not have an account, perform the steps in Creating Your Account.

2. Prepare the data file(s) for submission, using the ASAP specifications described in Appendix A: ASAP 4.1 Specifications, Appendix B: ASAP 4.2 Specifications, Appendix C: ASAP 4.2A Specifications, or Appendix D: ASAP 4.2B Specifications.

3. Log in to PMP Clearinghouse.

4. From the home page, click the **File Upload** tab.

The File Upload page is displayed.

5. Select the PMP to which you are submitting the file from the drop-down list in the **Select a PMP** field.

6. Click the **Browse** button, located next to the **File Upload** field, and select the file you created in step 2.

7. Click **Upload**.

    A message is displayed prompting you to confirm the submission.
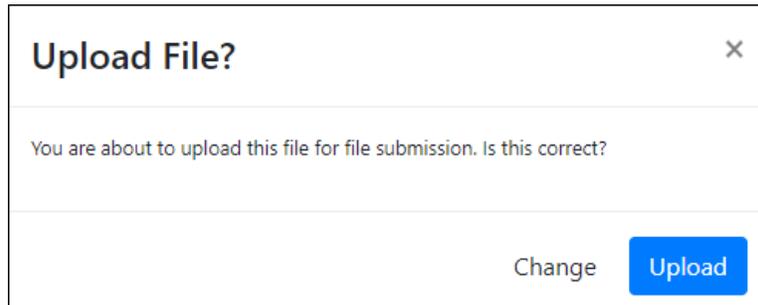
8. Click **Upload** to continue with the file submission.

    Your file is uploaded, and you can view the results of the upload on the File Listings page.

    Note: When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

4.3   Manual Entry (UCF)

You can manually enter your prescription information into the PMP Clearinghouse system using the UCF within the PMP Clearinghouse web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

Please refer to Appendix A: ASAP 4.1 Specifications, Appendix B: ASAP 4.2 Specifications, Appendix C: ASAP 4.2A Specifications, or Appendix D: ASAP 4.2B Specifications for the complete list of reporting requirements.

1. If you do not have an account, perform the steps in Creating Your Account.

2. Log in to PMP Clearinghouse.

3. Click **UCF Submissions**.
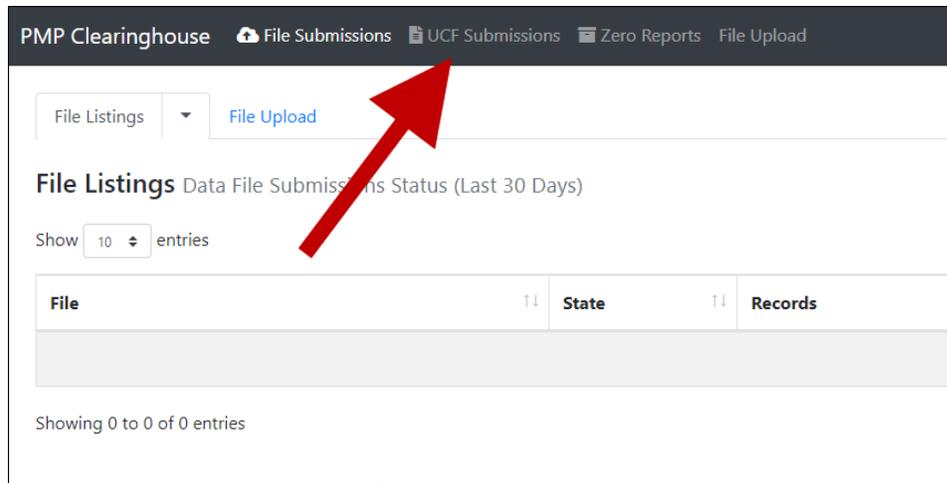
The UCF Listings page is displayed.

4. Click **New Claim Form**, located at the top of the page.

    The Create Universal Claim Form page is displayed.

5. Select the PMP to which you are submitting data from the drop-down list in the **Select a PMP** field.

6. Complete the required fields.

   Notes:

   - *An asterisk (*) indicates a required field.*

   - ***If you are entering a compound**, click the **Compound** checkbox in the Drug Information section of the page, complete the required fields for the first drug ingredient, then click **Add New** to add additional drug ingredients.*

7. Once you have completed all required fields, click **Save**.

   The **Submit Now** button is displayed at the top of the page.
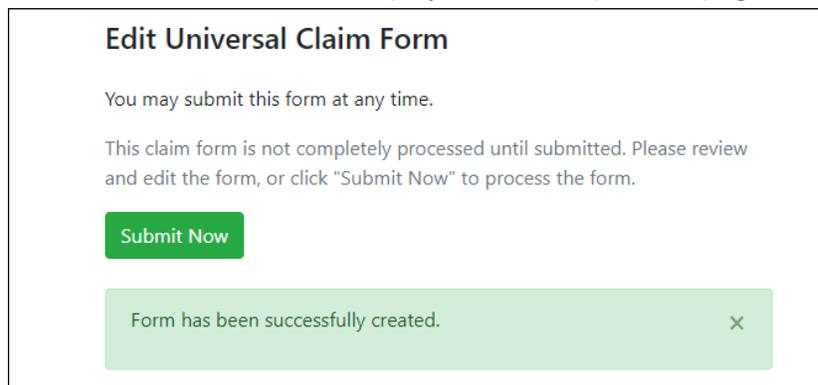
   Edit Universal Claim Form

   You may submit this form at any time.

   This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

   Submit Now

   Form has been successfully created.   ✕

8. Click **Submit Now** to continue with the data submission process.

   A message is displayed prompting you to confirm the data submission.
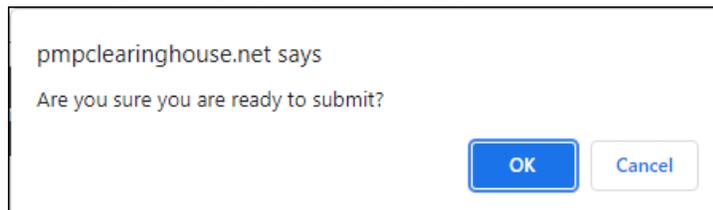
   pmpclearinghouse.net says

   Are you sure you are ready to submit?

   OK   Cancel

9. Click **OK**.

Your data will be validated upon submission. If there are any errors on the UCF form, they are displayed at the top of the page.

Note: *If there are no errors, you are returned to the Submitted Claim Forms page and your report is listed there.*

10. Correct the indicated errors, then repeat steps 7–9.

Once your data has been successfully submitted, your report is listed on the UCF Listings page.

4.4　Zero Reports

If you have no dispensations to report for the preceding reporting period, you must report this information to the TX PMP.

You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For additional details on submitting via SFTP, please refer to Appendix C: ASAP Zero Report Specifications.

You may submit zero reports through the PMP Clearinghouse web portal using one of the following methods:

- [Submit a single-click zero report](#)
- [Create a new zero report](#)

4.4.1 Submit a Single-Click Zero Report

Single-click zero reporting allows you to create a profile for the pharmacy that includes its identifiers (e.g., DEA, NPI, NCPDP), so you do not have to enter it each time you submit a zero report.

To create a pharmacy profile and begin submitting single-click zero reports:

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. [Log in to PMP Clearinghouse](#).
3. Click **Zero Reports**.

The Zero Report Listings page is displayed.

4. Click the **Create Zero Report** tab.

   The Create Zero Report page is displayed. *Note that **Submit a Single Click Zero Report** is selected by default.*

- Any pharmacies you have already configured for single-click zero reporting are displayed at the bottom of the page. Continue to step 10 to submit a zero report for those pharmacies.

- If you have not configured your pharmacy for single-click zero reporting, continue to step 5.

5. Click **Add New Pharmacy**.

   The New Pharmacy page is displayed.

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.

7. Enter the pharmacy's name in the **Pharmacy** field.

8. Populate the **NCPDP**, **DEA Number**, and/or **NPI** fields as required by the PMP you selected in step 6. If any of these fields are required, a red asterisk (*****) will be displayed next to that field once you have selected a PMP.

9. Click **Save**.

The pharmacy is saved and will be listed under the drop-down for the selected PMP, which is located at the bottom of the page.

10. Click the plus sign ("+") next to the PMP for which you wish to submit a zero report.

    The list of pharmacies you have configured for single-click zero reporting for that PMP is displayed. *Note that this page allows you to submit a zero report for the current date (**Today**) or the previous day (**Yesterday**).*

11. Click **Today** to submit a zero report for the current date;

    Or

12. Click **Yesterday** to submit a zero report for the previous date.

    Once the report is submitted, the submission is indicated on the screen, and the zero report is displayed on the **Zero Report Listings** tab.

Note: *You may edit or delete a pharmacy from this page.*

- *To edit a pharmacy, click **Edit** to display the Edit Pharmacy page and make any necessary changes. Refer to steps 6–9 for guidance on entering pharmacy information.*

- *To delete a pharmacy, click **Delete**. You will be prompted to confirm the deletion. Once you confirm the deletion, the pharmacy configuration will be removed.*

4.4.2 Create a New Zero Report

1. If you do not have an account, perform the steps in Creating Your Account.

2. Log in to PMP Clearinghouse.

3. Click **Zero Reports**.

The Zero Report Listings page is displayed.

4. Click the **Create Zero Report** tab.

   The Create Zero Report page is displayed. *Note that Submit a Single Click Zero Report is selected by default.*

5. Click the button to select **Create new Zero Report**.

The Create Zero Report page is displayed.

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **Select a PMP** field.

7. Enter the start date and end date for the zero report in the **Start date** and **End date** fields using the *MM/DD/YYYY* format. You may also select the dates from the calendar that is displayed when you click in these fields.

8. Enter your NCPDP, DEA, and/or NPI numbers, if required by your PMP.

   Note: If any of these fields are required by your state's PMP, they will be marked with a red asterisk (*).

9. Click **Submit**.

   Your zero report is submitted to PMP Clearinghouse and will be displayed on the **Zero Report Listings** tab.

5   Data Compliance

This chapter describes how to view the status of your submitted data files and how to correct errors.

5.1   File Listings

The File Listings page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings, number of records that contain errors, and the date and time of submission. Click **File Submissions** to access this page.

- The **Status** column, located at the end of each row, displays the file status via color-coded icon. Hovering over the icon will display the status message.

- The **Status Report** column, located next to the **Status** column, contains a link to the status report for that file. Please refer to File Status Report for more information on how to read and interpret this report.

If a file contains errors, it will have a 🔴 symbol with a mouse over hint of "**Pending Dispensation Error**" within the status column. You can click the error icon in the **Status** column to display the Error Correction page, which allows you to view the records containing errors (see View Records for more information). Please refer to Error Correction for instructions on how to correct errors.

If a file is unable to be parsed into the PMP Clearinghouse application, it will have an ⚠️ symbol with a mouse over hint of "**ASAP Errors**." Clicking the icon will display the detailed error, which indicates what element was missing or malformed. To correct these errors, a new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to PMP Clearinghouse.

If you submitted a file via SFTP without using a PMP-specific sub-folder, the file will be displayed, and 🕐 symbol will be displayed in the status column with a mouse over hint of "**Determine PMP.**" Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.
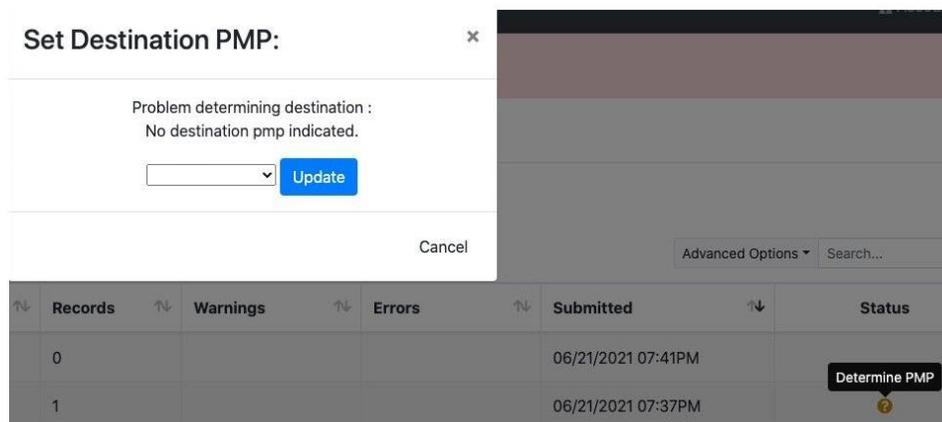
If you submitted a zero report via file upload or SFTP that is malformed or missing information, the file will be displayed, and an exclamation mark icon inside a red triangle will be displayed in the status column. Hovering over the icon will display the "Invalid Zero Report" error. Clicking on the icon will display the detailed error message. To correct these errors, a new zero report must be submitted. Error example:
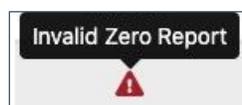
5.2   UCF Listings

The UCF Listings page displays information about the UCFs submitted to PMP Clearinghouse, including the number of warnings and errors. Click **UCF Submissions** to access this page.

The **Status** column, located at the end of each row, displays the UCF's status.

Data entered into the UCF is validated upon submission; therefore, successfully submitted UCFs should not contain errors. However, if you have attempted to submit a UCF with errors and did not immediately correct those errors and submit the record, you have 30 days to make updates to these records in Clearinghouse.

1. To view pending or incomplete submissions, click the **Manage Claim Forms** tab.

The Pending Claim Forms page is displayed.

2. Click **Edit** next to the form you wish to update.

Note: *If it has been longer than 30 days, the* **Edit** *option will not be available. You must click* **Delete** *to delete the record and start over.*

The Edit Universal Claim Form page is displayed.

3. Make the necessary corrections or changes, and then click **Submit Now**, located at the top of the page.

   A message is displayed prompting you to confirm the data submission.

4. Click **OK**.

   Your data will be validated upon submission. If there are any remaining errors on the UCF form, they are displayed at the top of the page.

> **Note:** *If there are no errors, you are returned to the Submitted Claim Forms page and your report is listed there.*

5. Correct the indicated errors, then repeat steps 3-4.

   Once your data has been successfully submitted, your report is listed on the UCF Listings page.

5.3 Error Correction

5.3.1 View Records

The Error Correction page displays more information about the records within a selected data file that need correcting, including **Prescription Number**, **Segment Type**, **Warning Count**, and **Error Count**. To access this page, click the "**Pending Dispensation Error**" message in the **Status** column of the [File Listings](#) page or [UCF Listings](#) page.

The **Correct** button, located at the end of each row, allows you to make corrections to the record.

5.3.2 Error Correction via PMP Clearinghouse

Once you click **Correct** from the Error Correction page, the Errors page is displayed. This page displays detailed information about the records within a selected data file that need correcting, including all the fields contained within the record and the originally submitted value, and allows you to correct those records.

- The **Corrected Value** column allows you to enter a new value to correct the error.

- The **Message** column displays the relevant error message explaining why the value entered in that field did not pass the validation rules.

For files that failed to parse, the error identified is "best effort" and any information we could not parse is listed as "unparseable" in the file. In this case, you must submit a corrected file.

For example, if a file is submitted without an IS segment, an error message indicating that the IS segment is missing will be displayed. However, you could also receive this error message if the preceding segment was not properly terminated, as at this point the IS segment cannot be parsed from the file.

To correct records:

1. Identify the fields that require corrections. Fields containing errors are highlighted in red, as shown in the screenshot above.

2. Enter the corrected value in the **Corrected Value** column.

3. Click **Submit**.

   The error is processed through the validation rules.

   a. If the changes pass the validation rules, the record is valid and a message is displayed indicating that the errors have been corrected. The File Listings and Error Correction pages are also updated.

   b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the **Message** column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

6 Email Reports

Email status reports are automatically sent to all users associated with a specific data submitter account. These reports are used to identify errors in files that have been submitted and to confirm zero report submissions. This chapter describes the status reports you may receive via email.

6.1 File Failed Report

You will receive the *File Failed Report* if a submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The report contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections.

Note: Failed files are not parsed into Clearinghouse and do not require a voided ASAP file to remove it from the system.

An example *File Failed Report* is provided below.

```
SUBJ: Texas ASAP file: fake-test3.txt - Parse Failure

BODY:
Error Message
------------------------------------------------------------------------------
Failed to decode the value '04' for the bean id 'transactionControlType'.


Summary:
* File Name: fake-test3.txt
* ASAP Version: 4.2
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: January 30, 2022

NOTE: This file could not be received into the system because the system could not
recognize its content as a valid ASAP format.  Action is required to resolve the issues and
a subsequent file should be submitted. As such the information provided in this report is
"best effort" and any information we could not parse is listed as "unparseable" in the
fields above.
```

6.2 File Status Report

The *File Status Report* serves as notification that a data file is currently being parsed by the PMP system.

This report identifies specific records in the submitted data file and returns identifying information about the record, including specific errors identified

during the validation process. It uses fixed-width columns and contains a summary section after the error listings. Each column contains a blank two-digit pad at the end of the data.

The columns are set to the following lengths:

Column	Length
DEA	11 (9 + pad)
NCPDP	9 (7 + pad)
NPI	12 (10 + pad)
Prescription	27 (25 + pad)
Filled	10 (8 + pad)
Segment	18 (16 + pad)
Field	18 (16 + pad)
Type	9 (7 + pad)
Message	Arbitrary

The *File Status Report* notifies you of the following scenarios:

- **Total records**: The total number of records contained in the submitted data file.

- **Duplicate records**: The number of records that were identified as already existing within the PMP system. Duplicate records are not imported to prevent improper patient information.

- **Records in process**: The number of records remaining to be processed into the system (usually only displays a number if the file has not finished loading at the time the report is sent out).

  Note: Records remaining to be processed will continue to be processed even after the status report is sent.

- **Records with errors**: The number of records that contain errors. These errors must be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data. Please refer to Error Correction for instructions on correcting errors.

- **Records with warnings**: The number of records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no warnings in the data.

- **Records imported with warnings**: The number of records with warnings that were imported. If a record contains both warnings and errors, the errors must be corrected to be submitted to the system. Please refer to Error Correction for instructions on correcting errors.

- **Records imported without warnings**: The number of records without warnings that were imported.

Note: *The initial File Status Report is sent out two (2) hours after the file has been submitted to the system. Additional reports will be sent out every 24 hours if errors continue to be identified within a submitted data file.*

An example *File Status Report* is provided on the following page.

```
SUBJ: Texas ASAP file: fake-test3.txt - Status Report

BODY:
DEA        NCPDP   NPI          Prescription        Filled     Segment      Field         Type       Message
-------------------------------------------------------------------------------------------------------------------------
BE1234567  1347347  9034618394  123486379596-0      20220129   Dispensation   refill_number  WARNING  message example
DE9841394  3491849  4851947597  357199504833-345    20220129   Dispensation   days_supply    ERROR    message example


Summary:
* File Name: fake-test3.txt
* ASAP Version: 4.2
* Transaction Control Number: 23489504823
* Transaction Control Type: send
* Date of Submission: January 30, 2022
* Total Record Count: ###
* Duplicate Records: ###
* In Process Count: ###
* Records with Error Count: ###
* Imported Records Count: ###
* Records Imported with Warning Count: ###
```

6.3 Zero Report Confirmation

You will receive a *Zero Report Confirmation* after successfully submitting a zero report to PMP Clearinghouse. This report displays the PMP to which the zero report was submitted, date for the zero report, date the zero report was submitted to PMP Clearinghouse, and date the report was originally created.

An example *Zero Report Confirmation* is provided below.

SUBJ: ASAP Zero Report: zero_reports_20220306KSMCPS.DAT

BODY:

Summary:

* File Name: zero_reports_20220306KSMCPS.DAT

* PMP Name: Texas

* Date Range: 2022-03-06 - 2022-03-06

* Submission Date: 2022-03-07

* ASAP Creation Date: 2022-03-07

7 Managing Your Upload Account

The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, PMPs, and SFTP access to your account as well as editing your organization's account information.

Note: This chapter contains information for managing the upload account with which your user account is associated. For information about editing and managing your individual user account, including how to change your password, please refer to [Managing Your User Profile](#)*.*

7.1 Adding Users to Your Upload Account

PMP Clearinghouse allows data submitters to add new users to the system who have the same rights and access to submitting data and viewing file status. This practice allows you to create an account to be used for a backup individual.

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.
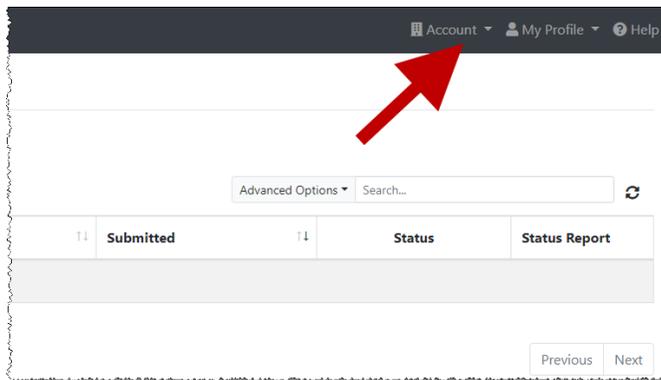
3. Select **Users** from the **Account** drop-down menu.

   The Account Users page is displayed.
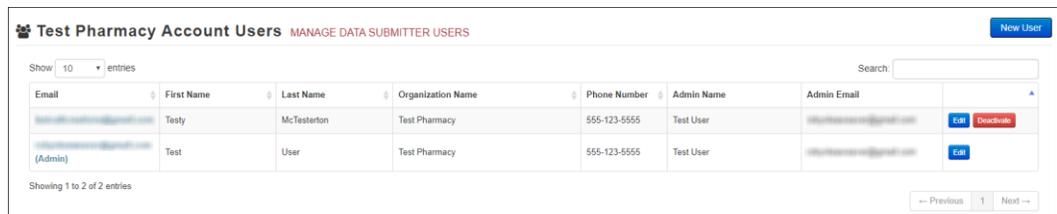
4. Click **New User**, located in the top right corner of the page.

The New Data Submitter User page is displayed.
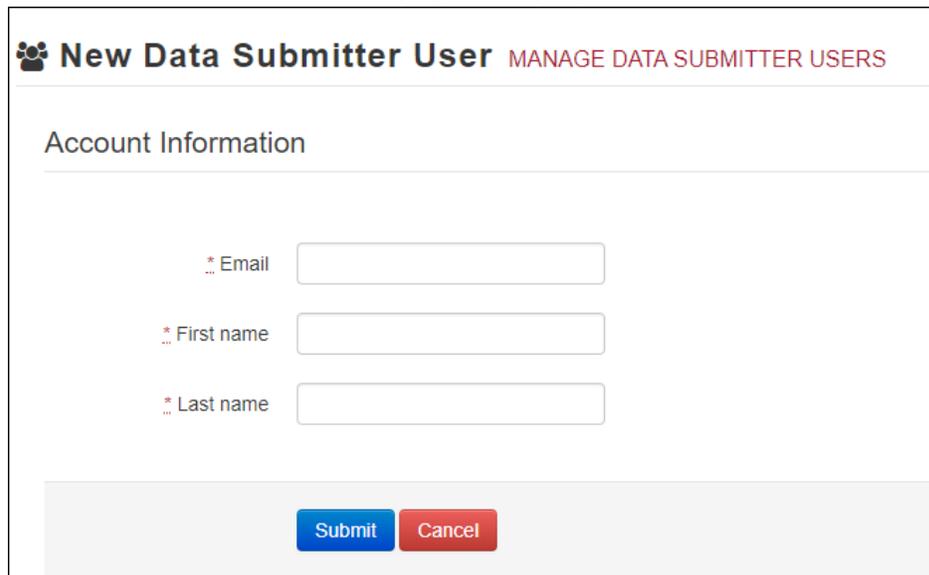
5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*

6. Click **Submit**.

   The user is added to the list of data submitters for your organization, and you are returned to the Account Users page.

7. Please inform the new user of the account creation.

   a. The user will receive an email with a link for them to confirm their account.

   b. Once the account has been confirmed, the user will need to navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to create a password for their account and log in.

   c. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

7.1.1 Changing Another User's Password

   1. Log in to PMP Clearinghouse.
   2. Click **Account**.
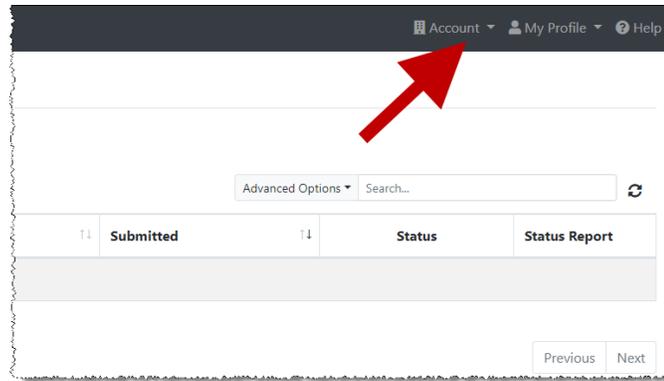
3. Select **Users** from the **Account** drop-down menu.

   The Account Users page is displayed.
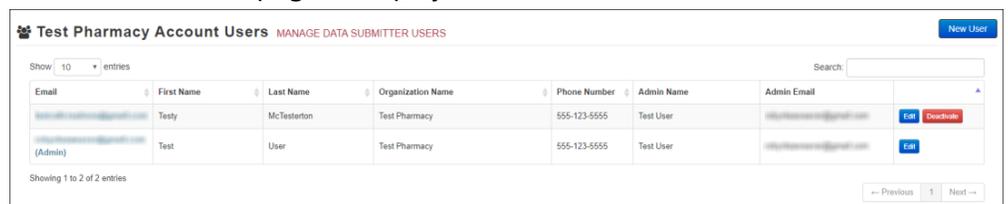
4. Click the **Edit** button, located to the right of the user's information.

   The Edit Data Submitter User page is displayed.
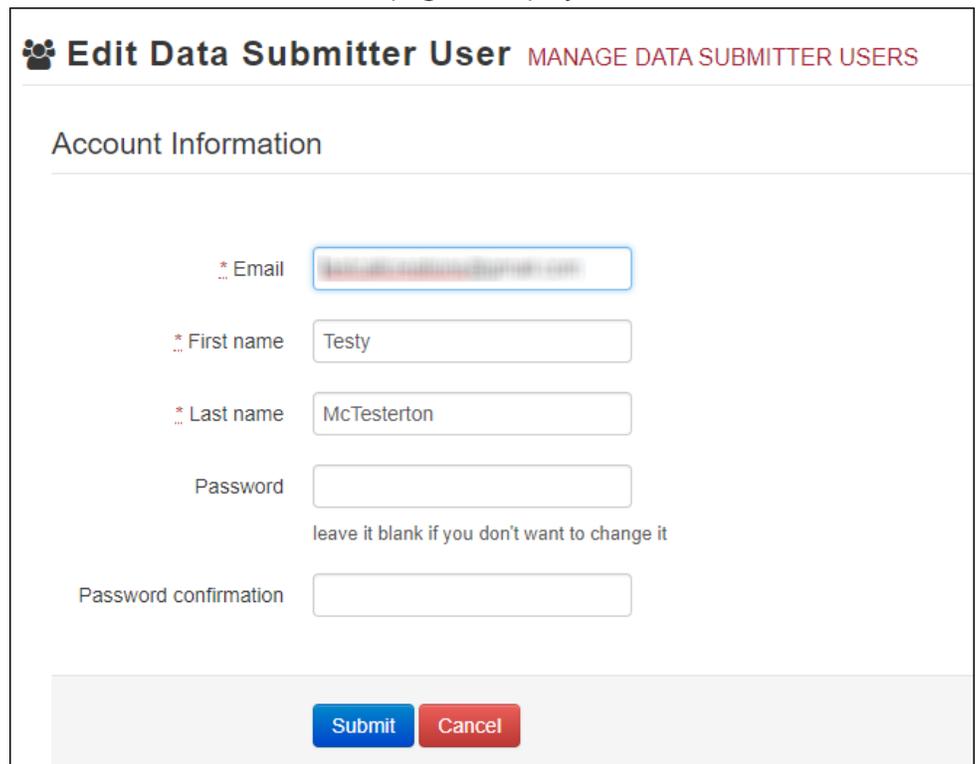
5. Enter a new password for the user in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

- *At least eight (8) characters*
- *One (1) uppercase letter*
- *One (1) lowercase letter*
- *One (1) number*
- *One (1) special character, such as !, @, #, $, etc.*

6. Click **Submit**.

   The password is changed.

7.2 Adding PMPs to Your Upload Account

If your organization needs to submit data files to an additional PMP that uses PMP AWARxE, you can submit the request through PMP Clearinghouse.

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.
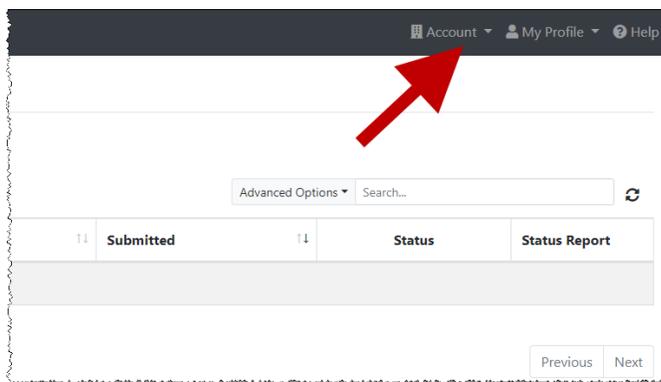
3. Select **Multi State Approval** from the **Account** drop-down menu.

   The **Multi State Approval** page is displayed. This page displays all PMPs currently using the PMP AWARxE system as well as your data sharing status with each PMP.
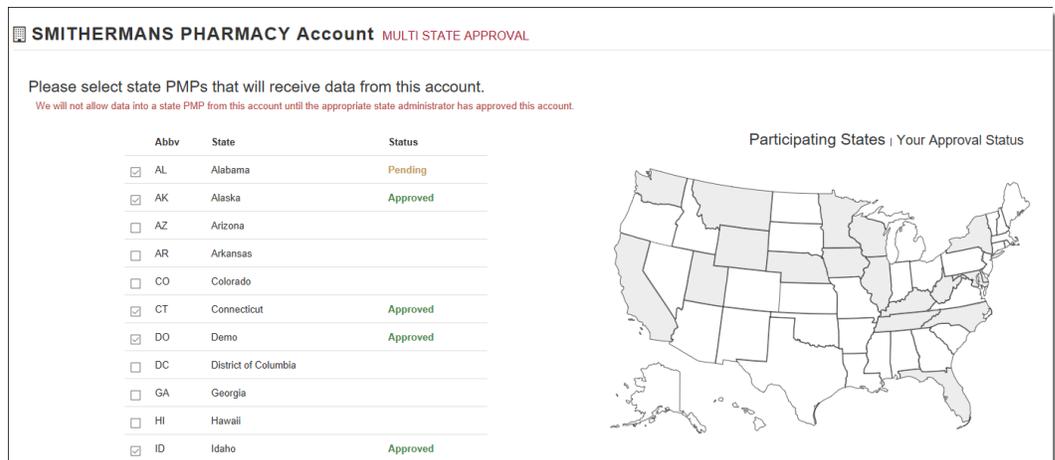
4. To request to submit data to another PMP, click to select the checkbox next to that PMP.

   PMP Clearinghouse automatically saves your changes, and your request is submitted to the PMP administrator for review and approval. Once the request has been approved, the status for that PMP will change from "Pending" to "Approved," and you may begin submitting data to that PMP.

   Notes:

   - *If you are submitting data via SFTP, the file must be located in the proper subfolder to ensure delivery to the desired PMP.*

   - *To cancel data submission to a PMP, uncheck the box for that PMP. Note that if you need to submit data to that PMP again in the future, you will have to go through the approval process again.*

7.3 Adding SFTP Access to an Upload Account

If a registered upload account did not request an SFTP account during the account creation process, you can request one at any time using the **Account** menu option.

1. Log in to PMP Clearinghouse.
2. Click **Account**.
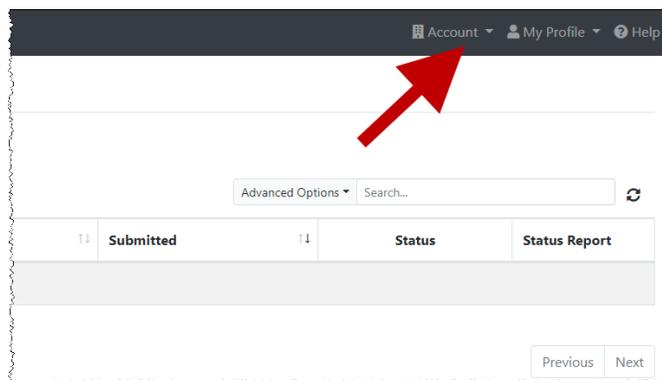
3. Select **SFTP Details**.

   The SFTP Account page is displayed.
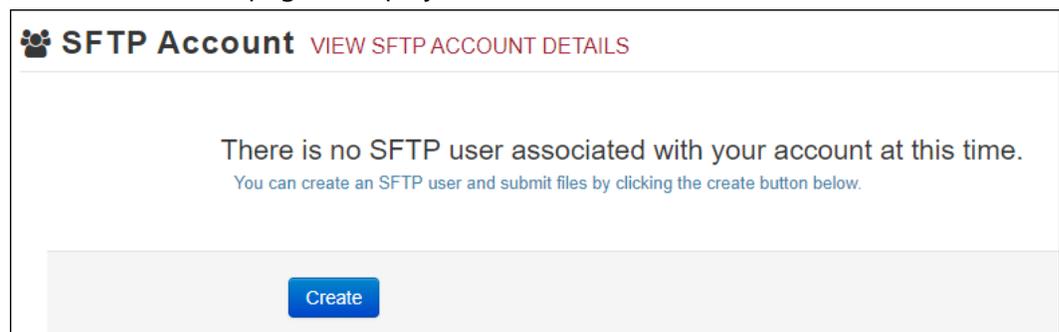
> **Note:** *If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page.*
>
>
>
> *You cannot change the SFTP account username; however, you can update the password by clicking* **Edit***.*
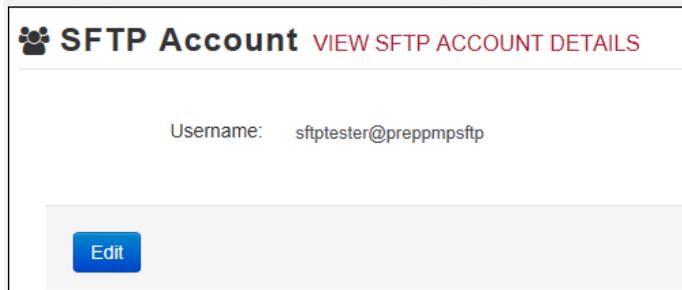
4. Click **Create**.

   The Create a New SFTP Account page is displayed.

5. Enter a username for the account in the **Name** field.

   > **Notes:**
   > - *The username must contain a minimum of eight (8) characters.*
   > - *Once the SFTP account has been created, you cannot change the username.*

6. Enter a password for the account in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

   > *Passwords must contain:*
   > - *At least eight (8) characters*
   > - *One (1) uppercase letter*
   > - *One (1) lowercase letter*
   > - *One (1) number*

- *One (1) special character, such as !, @, #, $, etc.*

Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

Notes:

- *This password can be the same as the one used when the upload account was created.*
- *Unlike your Profile password (i.e., your user account password), the SFTP password does not expire.*
- *The URL to connect via SFTP is sftp://sftp.pmpclearinghouse.net.*
- *Additional details on SFTP configuration can be found in Appendix C: SFTP Configuration.*

7. Click **Create**.

The account is created and the username is displayed.
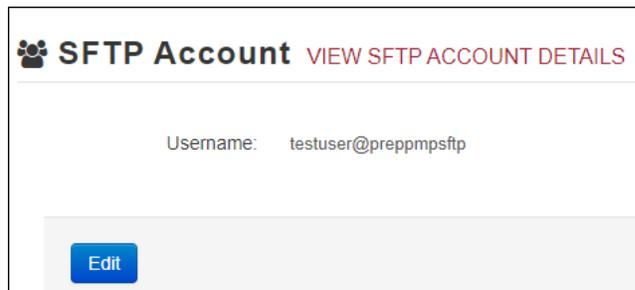
7.4 Editing Your Upload Account

Note: This function only allows you to edit your organization's upload account. If you need to edit your individual profile information, please refer to Editing Your Profile.

1. Log in to PMP Clearinghouse.
2. Click **Account**.
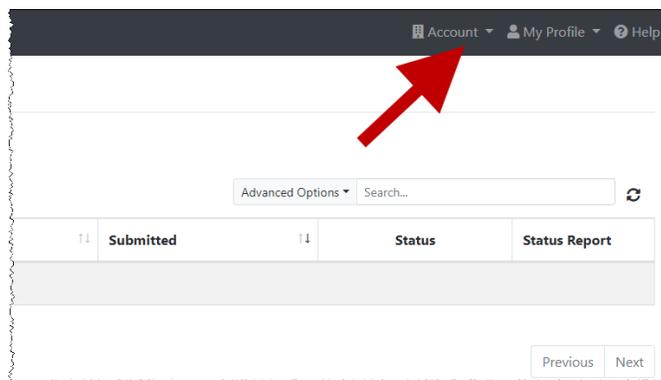
3. Select **Account Details**.

The Account Details page is displayed as shown on the following page.

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Bamboo Health Accounts

Account Details

Name: Bamboo Health
Phone Number: 5555555555
Fax Number:
Allowed submission: True
Suppress Rx details in emailed error reports: False

Admin Details

User Name: QA TESTER
Email: qa2@gmail.com
Address: 10401 Linn Station Road#200
                    Louisville KY 40218
SFTP Account ID: qa255501@qapmpsftp

Edit

4. Click **Edit**.

    The Edit Account page is displayed.

Edit Bamboo Health Account

Account Details   * Indicates Required Field

Name *

Bamboo Health

Phone number   Fax number

5555555555

☑ Allowed submission
☐ Suppress Rx details in emailed error reports

Admin Details

Address

10401 Linn Station Road#200

City   Zip code

Louisville   40218

State

Kentucky

Save Changes   Cancel

5. Update the information as necessary, then click **Submit**.

The account information is updated.

8   Managing Your User Profile

This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

Note: This chapter contains information for managing your individual user profile. For information about managing your organization's upload account, including how to add users, please refer to Managing Your Upload Account.

8.1 Editing Your Profile

Note: This function only allows you to edit your individual profile information. If you need to edit the Organization Information, please refer to Editing Your Upload Account.

1. Log in to PMP Clearinghouse.
2. Click **My Profile**.
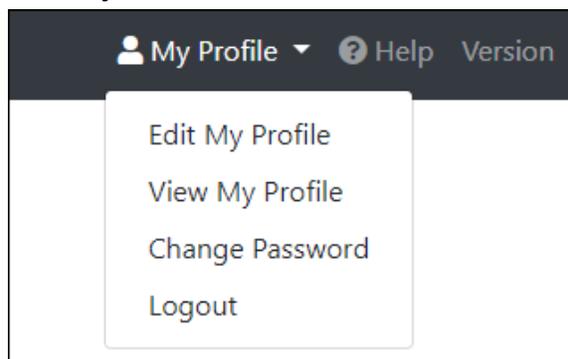
3. Select **Edit My Profile**.

Edit Profile

Profile Details   * Indicates Required Field

First name *   **Last name** *

Test   User

Email *   Time zone

testuser@email.com   (GMT-05:00) Eastern Time (US 8 ⬍

☑ Disable report emails

Organization Information

Name: Bamboo Health Test Pharmacy
Admin: Test Admin
Admin Email: testadmin@email.com

Save Changes   Cancel

4. Update your information as necessary, then click **Submit**.

   Your changes are saved, and your updated profile is displayed.

8.2 Changing Your Password

Note: *Clearinghouse passwords expire every 90 days. You can use this function to proactively change your password before it expires. If your password has already expired, or you have forgotten your password, navigate to the PMP Clearinghouse Login page and click* **Forgot your password?** *to reset it. Please refer to* *Resetting Your Password* *for more information.*

1. Log in to PMP Clearinghouse.
2. Click **My Profile**.

   👤 My Profile ▼   ❓ Help   Version

   Edit My Profile
   View My Profile
   Change Password
   Logout
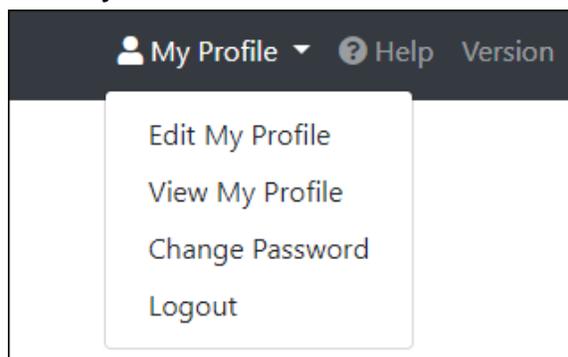
3. Select **Change Password**.

---

4. Enter your current password in the **Current Password** field.

5. Enter your new password in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:
- *At least eight (8) characters*
- *One (1) uppercase letter*
- *One (1) lowercase letter*
- *One (1) number*
- *One (1) special character, such as !, @, #, $, etc.*

6. Click **Update**.

Your password is updated, and you will use it the next time you log in to PMP Clearinghouse.

8.3 Resetting Your Password

If you have forgotten your password or your password has expired, perform the following steps to reset it.

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at https://pmpclearinghouse.net/users/sign_in.

2. Click the **Forgot your password?** link, located in the Help section of the page. The Forgot your password page is displayed.

3. Enter the email address associated with your user account, then click **Send me reset password instructions**.

4. Once you receive the reset password email, click the **Change my password** link within the email.

The Change your password page is displayed.
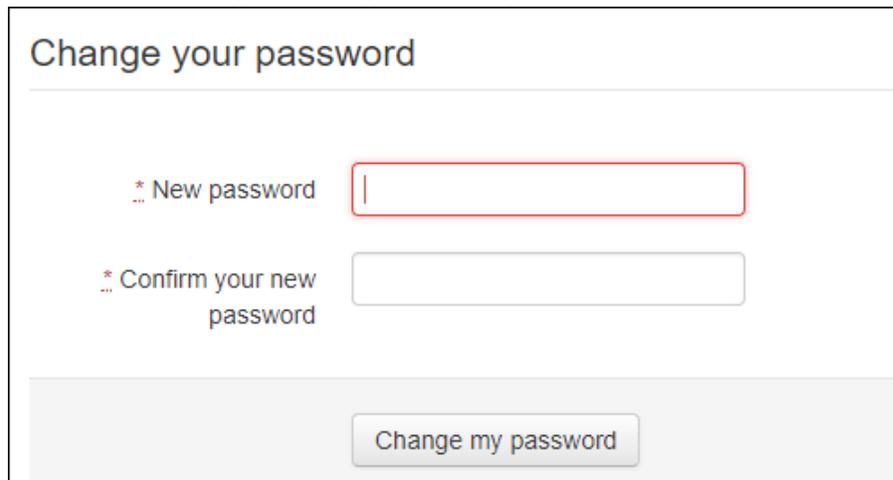
5. Enter your new password in the **New password** field, then re-enter it in the **Confirm your new password** field. The password requirements are provided below.

    Passwords must contain:

    - *At least eight (8) characters*
    - *One (1) uppercase letter*
    - *One (1) lowercase letter*
    - *One (1) number*
    - *One (1) special character, such as !, @, #, $, etc.*

6. Click **Change my password**.

    Your password is changed, and you can now use it to log in to PMP Clearinghouse.

9   Assistance and Support

9.1   Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

- Contact Bamboo Health at 1-844-4TX-4PMP (1-844-489-4767);
  OR

- Create a support request at the following URL:
  https://pmpclearinghouse.zendesk.com/hc/en-us/

Technical assistance is available 24 hours per day, 365 days per year.

9.2   Administrative/Policy Assistance

If you have non-technical questions regarding the Texas PMP, please contact:

Texas Prescription Monitoring Program
Texas State Board of Pharmacy
Phone: 512-305-8050
Email: texaspmp@pharmacy.texas.gov

10 Document Information

10.1 Disclaimer

Bamboo Health has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information is subject to change.

10.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	05/16/2016		NA; initial version
1.1	08/23/2016	Appendix A	Corrected DSP13
		Appendices A & B	Updates regarding out-of-state prescribers of C-II prescriptions
1.2	09/12/2016	Appendix A	Changed PAT17 to "Not Required"
1.3	04/03/2017		Removed "OR " Statement and #2 under Electronic Schedule II Prescription Requirements on pages 33 and 47
1.4	09/04/2017	Reporting Requirements	Updated with, "Effective September 1, 2017, Texas-licensed pharmacies are required to report all dispensed controlled substances records to the Texas Prescription Monitoring Program (PMP) **no later than the next business day** after the prescription is completely filled."
2.0	04/07/2020	Global	Updated to current document template
			Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		4.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		4.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report

Version	Date	Chapter/Section	Change Made
		5.2/UCF Listings	Added clarification on correcting UCF errors
3.0	11/04/2022	Global	Updated guide to reflect Bamboo Health branding
		Appendix C: ASAP 4.2A Specifications	Added new appendix
		Appendix D: ASAP 4.2B Specifications	Added new appendix

Appendix A: ASAP 4.1 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.1 format to comply with the TX PMP requirements.

The following table lists the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by Texas
- N = Not required but accepted if submitted
- S = Situational
- **CS2*** = Required for Schedule II prescriptions. Elements marked with **CS2*** are required to be populated in accordance with Texas State Board of Pharmacy Specifications. See the Schedule II Control Number Requirements section of this document for additional details.

Note: *For more information, contact the American Society for Automation in Pharmacy for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs. That guide includes field lengths, acceptable attributes, and examples.*

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required) Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	**Version/Release Number** Code uniquely identifying the transaction. Format = x.x	R
	TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	R
	TH03	**Transaction Type** Identifies the purpose of initiating the transaction. • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	N
	TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	TH05	**Creation Date** Date the transaction was created. Format: CCYYMMDD.	R

Segment	Element ID	Element Name	Requirement
	TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	**File Type** • P = Production • T = Test	R
	TH08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	N
	TH09	**Segment Terminator Character** Sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required) Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	**Unique Information Source ID** Reference number or identification number. (Example: phone number)	R
	IS02	**Information Source Entity Name** Entity name of the Information Source.	R
	IS03	**Message** Free-form text message.	N
PHA: Pharmacy Header (required) Used to identify the pharmacy or the dispensing prescriber. **Note:** It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	N
	PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
	PHA04	**Pharmacy Name** Free-form name of the pharmacy.	R
	PHA05	**Address Information – 1** Free-form text for address information.	N

Segment	Element ID	Element Name	Requirement
	PHA06	**Address Information – 2** Free-form text for address information.	N
	PHA07	**City Address** Free-form text for city name.	N
	PHA08	**State Address** U.S. Postal Service state or other regional jurisdiction code.	N
	PHA09	**ZIP Code Address** U.S. Postal Service ZIP Code.	N
	PHA10	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
	PHA11	**Contact Name** Free-form name.	N
	PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	N
PAT: Patient Information (required) Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT03.	N
	PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	N
	PAT03	**ID of Patient** Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
	PAT04	**ID Qualifier of Additional Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N

Segment	Element ID	Element Name	Requirement
	PAT05	**Additional Patient ID Qualifier** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	N
	PAT06	**Additional ID** Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	N
	PAT07	**Last Name** Patient's last name.	R
	PAT08	**First Name** Patient's first name.	R
	PAT09	**Middle Name** Patient's middle name or initial if available.	N
	PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr.	N
	PAT11	**Name Suffix** Patient's name suffix such as *Jr.* or *the III.*	N
	PAT12	**Address Information – 1** Free-form text for street address information.	R
	PAT13	**Address Information – 2** Free-form text for additional address information.	S
	PAT14	**City Address** Free-form text for city name.	R
	PAT15	**State Address** U.S. Postal Service state or other regional jurisdiction code.	R
	PAT16	**ZIP Code Address** U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R

Segment	Element ID	Element Name	Requirement
	PAT17	**Phone Number** Complete phone number including area code. *Note:* *Do not include hyphens in the number. If the patient does not have a phone number, enter 9999999999.*	N
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	R
	PAT19	**Gender Code** Code indicating the sex of the patient. • F Female • M Male • U Unknown	R
	PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. • 01 Human • 02 Veterinary Patient	N
	PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other	N
	PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country.	N
	PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	N

Segment	Element ID	Element Name	Requirement
DSP: Dispensing Record (required)			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	**Reporting Status** DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored) *Note: When submitting revisions for Prescription Number, Pharmacy DEA, Date Filled, Quantity Filled, and/or Refill Number fields, a Void submission (02) on the original record should be processed before re-submitting a New Record (00). Submitting Revise (01) for one of these five fields will process as a new prescription and both submissions will appear. All other field revisions may be processed as 01.*	R
	DSP02	**Prescription Number** Serial number assigned to the prescription by the pharmacy.	R
	DSP03	**Date Written** Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	R
	DSP05	**Date Filled** Date prescription was filled. Format: CCYYMMDD	R
	DSP06	**Refill Number** Number of the fill of the prescription. 0 indicates New Rx; 01-99 indicate any additional fills of the prescription.	R
	DSP07	**Product ID Qualifier** Used to identify the type of product ID contained in DSP08. 01 NDC 06 Compound	R

Segment	Element ID	Element Name	Requirement
	DSP08	**Product ID** Full 11-digit NDC number, created by adding a zero to the front of the appropriate segment to result in a 5-4-2 formatted NDC number, as indicated in DSP07, without punctuation. If compound is indicated in DSP07, use *99999* as the first 5 characters and the submitter's choice for the last 6 digits; CDI then becomes required.	R
	DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 *Note: For compounds show the first quantity in CDI04.*	R
	DSP10	**Days' Supply** Estimated number of days the medication will last.	R
	DSP11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. • 01 Each • 02 Milliliters (ml) • 03 Grams (gm)	N
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other	CS2*
	DSP13	**Partial Fill Indicator** Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. • 00 Not a Partial Fill • 01 First Partial Fill *Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.*	S
	DSP14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N

Segment	Element ID	Element Name	Requirement
	DSP15	**Pharmacist State License Number**	N
		This data element can be used to identify the pharmacist dispensing the medication.	
		Assigned to the pharmacist by the Licensing Board.	
	DSP16	**Classification Code for Payment Type**	R
		Code identifying the type of payment (i.e., how it was paid for).	
		• 01 Private Pay (cash, charge, credit card)	
		• 02 Medicaid	
		• 03 Medicare	
		• 04 Commercial Insurance	
		• 05 Military Installations and VA	
		• 06 Workers' Compensation	
		• 07 Indian Nations	
		• 99 Other	
	DSP17	**Date Sold**	N
		This field is used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ.	
		Format: YYYYMMDD	
	DSP18	**RxNorm Code Qualifier**	S
		RxNorm Code is populated in the DrugDBCodeQualifier field in XML in the SCRIPT transaction.	
		• 01 Semantic Clinical Drug (SCD)	
		• 02 Semantic Branded Drug (SBD)	
		• 03 Generic Package (GPCK)	
		• 04 Branded Package (BPCK)	
	DSP19	**Electronic Prescription Reference Number**	CS2*
		This field should be populated with the MessageID in XML in the SCRIPT transaction.	
PRE: Prescriber Information (required)			
Used to identify the prescriber of the prescription.			
	PRE01	**National Provider Identifier (NPI)**	N
		Identifier assigned to the prescriber by CMS.	
	PRE02	**DEA Number**	R
		Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	
	PRE03	**DEA Number Suffix**	S
		Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	

Segment	Element ID	Element Name	Requirement
	PRE04	**Prescriber State License Number** Identification assigned to the prescriber by the Licensing Board.	N
	PRE05	**Last Name** Prescriber's last name.	N
	PRE06	**First Name** Prescriber's first name.	N
	PRE07	**Middle Name** Prescriber's middle name or initial.	N
	PRE08	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
CDI: Compound Drug Ingredient Detail (situational) Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must begin with 99999.			
	CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S
	CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. • 01 NDC	S
	CDI03	**Product ID** Full 11-digit NDC number, created by adding a leading zero to the appropriate segment to result in a 50402 formatted NDC number, as indicated in CDI02, without punctuation.	S
	CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S
	CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	S

Segment	Element ID	Element Name	Requirement
AIR: Additional Information Reporting (situational) Used when serialized Rx pads are used, the state or other regional jurisdiction requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. **Note:** If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	**State Issuing Rx Serial Number** U.S.P.S. code of state or other regional jurisdiction that issued serialized prescription blank. This is required if AIR02 is used.	CS2*
	AIR02	**State Issued Rx Serial Number** Number assigned to issued serialized prescription blank.	CS2*
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and the value in AIR04 is 02 or 06.	N
	AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	N
	AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	N
	AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other	N
	AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	N
	AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	N

Segment	Element ID	Element Name	Requirement
	AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	N
	AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	N
	AIR11	**Dropping Off/Picking Up Identifier Qualifier** Additional qualifier for the ID contained in AIR05 • 01 Person Dropping Off • 02 Person Picking Up • 03 Unknown/Not Applicable	N
TP: Pharmacy Trailer (required) Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required) Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	**Transaction Control Number** Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	**Segment Count** Total number of segments included in the transaction including the header and trailer segments.	R

*Schedule II Control Number Requirements

Texas Prescribers

All Schedule II prescriptions must include the PMP-issued control number when reported to the TX PMP, unless the prescription was written electronically, or the prescribing doctor is not a Texas DEA resident prescriber.

Written Schedule II Prescription Requirements:

For written Schedule II prescriptions, control numbers will be validated to ensure that they match the DEA number to whom the prescription pad was issued.

1. The control number information should appear in the AIR segment.

    a.   AIR01 (State Issuing Rx Serial Number) must be populated with the PMP in which the prescription pad was issued (e.g., TX).

    b.   AIR02 (State Issued Rx Serial Number) must be populated with the full control number on the pad.

Electronic Schedule II Prescription Requirements:

For an electronic Schedule II prescription:

1.   DSP12 (Transmission Form of Rx Origin Code) must be populated with "05" indicating an electronic prescription and DSP19 (Electronic Prescription Reference Number) must be supplied.

Out-of-State Prescribers

If a Schedule II prescription was issued by a non-Texas prescriber, do not populate AIR02.

Appendix B: ASAP 4.2 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.2 format to comply with the TX PMP requirements.

The following table lists the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by Texas
- N = Not required but accepted if submitted
- S = Situational
- **CS2*** = Required for Schedule II prescriptions. Elements marked with **CS2*** are required to be populated in accordance with Texas State Board of Pharmacy Specifications. See the Schedule II Control Number Requirements section of this document for additional details.

Note: *For more information, contact the American Society for Automation in Pharmacy for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs. That guide includes some field attributes and examples.*

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required) Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	**Version/Release Number** Code uniquely identifying the transaction. Format = x.x	R
	TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	R
	TH03	**Transaction Type** Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgement (used in Response only) 03 Error Receiving (used in Response only) 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	N
	TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	TH05	**Creation Date** Date the transaction was created. Format: CCYYMMDD.	R

Segment	Element ID	Element Name	Requirement
	TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	**File Type** • P = Production • T = Test	R
	TH08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	N
	TH09	**Segment Terminator Character** Sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required) Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	**Unique Information Source ID** Reference number or identification number. (Example: phone number)	R
	IS02	**Information Source Entity Name** Entity name of the Information Source.	R
	IS03	**Message** Free-form text message.	N
PHA: Pharmacy Header (required) Used to identify the pharmacy or the dispensing prescriber. **Note:** It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	N
	PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
	PHA04	**Pharmacy Name** Free-form name of the pharmacy.	R
	PHA05	**Address Information – 1** Free-form text for address information.	N

Segment	Element ID	Element Name	Requirement
	PHA06	**Address Information – 2** Free-form text for address information.	N
	PHA07	**City Address** Free-form text for city name.	N
	PHA08	**State Address** U.S. Postal Service state or other regional jurisdiction code.	N
	PHA09	**ZIP Code Address** U.S. Postal Service ZIP Code.	N
	PHA10	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
	PHA11	**Contact Name** Free-form name.	N
	PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	N
PAT: Patient Information (required) Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT03.	N
	PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	N
	PAT03	**ID of Patient** Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
	PAT04	**ID Qualifier of Additional Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N

Segment	Element ID	Element Name	Requirement
	PAT05	**Additional Patient ID Qualifier** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	N
	PAT06	**Additional ID** Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	N
	PAT07	**Last Name** Patient's last name.	R
	PAT08	**First Name** Patient's first name.	R
	PAT09	**Middle Name** Patient's middle name or initial if available.	N
	PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr.	N
	PAT11	**Name Suffix** Patient's name suffix such as *Jr.* or *the III*.	N
	PAT12	**Address Information – 1** Free-form text for street address information.	R
	PAT13	**Address Information – 2** Free-form text for additional address information.	S
	PAT14	**City Address** Free-form text for city name.	R
	PAT15	**State Address** U.S. Postal Service state or other regional jurisdiction code.	R
	PAT16	**ZIP Code Address** U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R

Segment	Element ID	Element Name	Requirement
	PAT17	**Phone Number** Complete phone number including area code. *Note:* *Do not include hyphens in the number. If the patient does not have a phone number, enter 9999999999.*	N
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	R
	PAT19	**Gender Code** Code indicating the sex of the patient. • F Female • M Male • U Unknown	R
	PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. • 01 Human • 02 Veterinary Patient	N
	PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other	N
	PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country.	N
	PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	N

Segment	Element ID	Element Name	Requirement
DSP: Dispensing Record (required)			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	**Reporting Status**	R
		DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:	
		• 00 New Record (indicates a new prescription dispensing transaction)	
		• 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)	
		• 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored)	
		Note: When submitting revisions for Prescription Number, Pharmacy DEA, Date Filled, Quantity Filled, and/or Refill Number fields, a Void submission (02) on the original record should be processed before re-submitting a New Record (00). Submitting Revise (01) for one of these five fields will process as a new prescription and both submissions will appear. All other field revisions may be processed as 01.	
	DSP02	**Prescription Number**	R
		Serial number assigned to the prescription by the pharmacy.	
	DSP03	**Date Written**	R
		Date the prescription was written (authorized).	
		Format: CCYYMMDD	
	DSP04	**Refills Authorized**	R
		The number of refills authorized by the prescriber.	
	DSP05	**Date Filled**	R
		Date prescription was filled.	
		Format: CCYYMMDD	
	DSP06	**Refill Number**	R
		Number of the fill of the prescription.	
		0 indicates New Rx; 01-99 indicate additional fills after the initial fill.	
	DSP07	**Product ID Qualifier**	R
		Used to identify the type of product ID contained in DSP08.	
		• 01 NDC	
		• 06 Compound	

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Segment	Element ID	Element Name	Requirement
	DSP08	**Product ID** Full 11-digit NDC number, as indicated in DSP07, created by adding a leading zero to the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation. If compound is indicated in DSP07, use *99999* as the first 5 characters and the submitter's choice for the remaining 6 digits of the NDC number; the CDI segment then becomes required.	R
	DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 *Note: For compounds show the first quantity in CDI04.*	R
	DSP10	**Days' Supply** Estimated number of days the medication will last.	R
	DSP11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. • 01 Each • 02 Milliliters (ml) • 03 Grams (gm)	N
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other	CS2*
	DSP13	**Partial Fill Indicator** Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. • 00 Not a Partial Fill • 01 First Partial Fill *Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.*	S
	DSP14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N

Segment	Element ID	Element Name	Requirement
	DSP15	**Pharmacist State License Number** This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the Licensing Board.	N
	DSP16	**Classification Code for Payment Type** Code identifying the type of payment (i.e., how it was paid for). • 01 Private Pay (cash, charge, credit card) • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other	R
	DSP17	**Date Sold** This field is used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: YYYYMMDD	N
	DSP18	**RxNorm Code Qualifier** RxNorm Code that is populated in the DrugDBCodeQualifier field in XML in the SCRIPT transaction. • 01 Semantic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK)	N
	DSP19	**RxNorm Code** Used for electronic prescriptions to capture the prescribed drug product identification.	S
	DSP20	**Electronic Prescription Reference Number** This field should be populated with the MessageID in XML in the SCRIPT transaction.	CS2*
	DSP21	**Electronic Prescription Order Number** This field will be populated with PrescriberOrderNumber in XML in the SCRIPT standard.	N
PRE: Prescriber Information (required) Used to identify the prescriber of the prescription.			
	PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	N

Segment	Element ID	Element Name	Requirement
	PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R
	PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	**Prescriber State License Number** Identification assigned to the prescriber by the Licensing Board.	N
	PRE05	**Last Name** Prescriber's last name.	N
	PRE06	**First Name** Prescriber's first name.	N
	PRE07	**Middle Name** Prescriber's middle name or initial.	N
	PRE08	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
CDI: Compound Drug Ingredient Detail (situational) Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must begin with 99999.			
	CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S
	CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. • 01 NDC	S
	CDI03	**Product ID** Full 11-digit NDC number, created by adding a leading zero to result in a 5-4-2 formatted NDC number, as indicated in CDI02, without punctuation.	S
	CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S

Segment	Element ID	Element Name	Requirement
	CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	S

AIR: Additional Information Reporting (situational)

Used when serialized Rx pads are used, the PMP requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.

Note: If this segment is used, at least one of the data elements (fields) will be required.

Segment	Element ID	Element Name	Requirement
	AIR01	**State Issuing Rx Serial Number** U.S.P.S. code of state or other regional jurisdiction that issued serialized prescription blank. This is required if AIR02 is used.	CS2*
	AIR02	**State Issued Rx Serial Number** Number assigned to issued serialized prescription blank.	CS2*
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and the value in AIR04 is 02 or 06.	N
	AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	N
	AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	N

Segment	Element ID	Element Name	Requirement
	AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other	N
	AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	N
	AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	N
	AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	N
	AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	N
	AIR11	**Dropping Off/Picking Up Identifier Qualifier** Additional qualifier for the ID contained in AIR05 • 01 Person Dropping Off • 02 Person Picking Up • 03 Unknown/Not Applicable	N
TP: Pharmacy Trailer (required) Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required) Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	**Transaction Control Number** Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	**Segment Count** Total number of segments included in the transaction including the header and trailer segments.	R

*Schedule II Control Number Requirements

Texas Prescribers

All Schedule II prescriptions must include the PMP-issued control number when reported to the TX PMP, unless the prescription was written electronically, or the prescribing doctor is not a Texas DEA resident prescriber.

Written Schedule II Prescription Requirements:

For written Schedule II prescriptions, control numbers will be validated to ensure that they match the DEA number to whom the prescription pad was issued.

2. The control number information should appear in the AIR segment.

   c. AIR01 (State Issuing Rx Serial Number) must be populated with the PMP in which the prescription pad was issued (e.g., TX).

   d. AIR02 (State Issued Rx Serial Number) must be populated with the full control number on the pad.

Electronic Schedule II Prescription Requirements:

For an electronic Schedule II prescription:

3. DSP12 (Transmission Form of Rx Origin Code) must be populated with "05" indicating an electronic prescription and DSP20 (Electronic Prescription Reference Number) must be supplied.

Out-of-State Prescribers

If a Schedule II prescription was issued by a non-Texas prescriber, do not populate AIR02.

Appendix C: ASAP 4.2A Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.2A format to comply with the TX PMP requirements.

The following table lists the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by Texas
- N = Not required but accepted if submitted
- S = Situational
- **CS2*** = Required for Schedule II prescriptions. Elements marked with **CS2*** are required to be populated in accordance with Texas State Board of Pharmacy Specifications. See the Schedule II Control Number Requirements section of this document for additional details.

Note: For more information, contact the American Society for Automation in Pharmacy for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs. That guide includes field lengths, acceptable attributes, and examples.

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	**Version/Release Number** Code uniquely identifying the transaction. Format = xx.x	R
	TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	R
	TH03	**Transaction Type** Identifies the purpose of initiating the transaction. • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	N
	TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	TH05	**Creation Date** Date the transaction was created. Format: CCYYMMDD.	R
	TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	**File Type** • P = Production • T = Test	R
	TH08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	N
	TH09	**Segment Terminator Character** This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required)			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	**Unique Information Source ID** Reference number or identification number. (Example: phone number)	R

Segment	Element ID	Element Name	Requirement
	IS02	**Information Source Entity Name** Entity name of the Information Source.	R
	IS03	**Message** Free-form text message.	N
PHA: Pharmacy Header (required) Used to identify the pharmacy. **Note:** It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	N
	PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
	PHA04	**Pharmacy Name** Free-form name of the pharmacy or dispensing practitioner.	R
	PHA05	**Address Information – 1** Free-form text for address information.	N
	PHA06	**Address Information – 2** Free-form text for address information, if needed.	N
	PHA07	**City Address** Free-form text for city name.	N
	PHA08	**State Address** U.S. Postal Service state or other regional jurisdiction code.	N
	PHA09	**ZIP Code Address** U.S. Postal Service ZIP Code.	N
	PHA10	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
	PHA11	**Contact Name** Free-form name.	N
	PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	N

Segment	Element ID	Element Name	Requirement
	PHA13	**Pharmacy's Permit Number/License Number** Helps identify the sending pharmacy.	N
PAT: Patient Information (required) Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT03.	N
	PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	N
	PAT03	**ID of Patient** Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
	PAT04	**ID Qualifier of Additional Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N
	PAT05	**Additional Patient ID Qualifier** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	N

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Segment	Element ID	Element Name	Requirement
	PAT06	**Additional ID** Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	N
	PAT07	**Last Name** Patient's last name.	R
	PAT08	**First Name** Patient's first name.	R
	PAT09	**Middle Name** Patient's middle name or initial, if available.	N
	PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr., if available.	N
	PAT11	**Name Suffix** Patient's name suffix such as *Jr.* or *the III*, if available.	N
	PAT12	**Address Information – 1** Free-form text for street address information.	R
	PAT13	**Address Information – 2** Free-form text for additional address information, if available.	S
	PAT14	**City Address** Free-form text for city name.	R
	PAT15	**State Address** U.S. Postal Service state or other regional jurisdiction code.	R
	PAT16	**ZIP Code Address** U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R
	PAT17	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	R
	PAT19	**Gender Code** Code indicating the sex of the patient. • F Female • M Male • U Unknown	R

Segment	Element ID	Element Name	Requirement
	PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. • 01 Human • 02 Veterinary Patient	N
	PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other	N
	PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country.	N
	PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	N
DSP: Dispensing Record (required) Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			

Segment	Element ID	Element Name	Requirement
	DSP01	**Reporting Status** DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). ***Note:*** *For prescriptions voided with code "02", a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription. See* [Appendix D](#).	R
	DSP02	**Prescription Number** Serial number assigned to the prescription by the pharmacy.	R
	DSP03	**Date Written** Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	R
	DSP05	**Date Filled** Date prescription was prepared. Format: CCYYMMDD	R
	DSP06	**Refill Number** Number of the fill of the prescription. 0 indicates New Rx fill; 01-99 indicate additional fills.	R
	DSP07	**Product ID Qualifier** Used to identify the type of product ID contained in DSP08. • 01 NDC • 06 Compound	R
	DSP08	**Product ID** Full 11-digit NDC number as indicated in DSP07, created by adding a zero to the front of the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters and submitter's choice for the last 6 digits; the CDI segment then becomes required.	R

Segment	Element ID	Element Name	Requirement
	DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 *Note: For compounds show the first quantity in CDI04.*	R
	DSP10	**Days Supply** Estimated number of days the medication will last.	R
	DSP11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. • 01 Each • 02 Milliliters (ml) • 03 Grams (gm)	R
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 06 Transfer/Forwarded • 99 Other	CS2*
	DSP13	**Partial Fill Indicator** Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. • 00 Not a Partial Fill • 01 First Partial Fill *Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.*	S
	DSP14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N
	DSP15	**Pharmacist State License Number** This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the Licensing Board.	N

Segment	Element ID	Element Name	Requirement
	DSP16	**Classification Code for Payment Type** Code identifying the type of payment (i.e., how it was paid for). • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other	R
	DSP17	**Date Sold** Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	N
	DSP18	**RxNorm Code Qualifier** RxNorm Code that is populated in the DrugDBCodeQualifier field in XML in the SCRIPT transaction. • 01 Semantic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK)	N
	DSP19	**RxNorm Code** Used for electronic prescriptions to capture the prescribed drug product identification.	S
	DSP20	**Electronic Prescription Reference Number** This field should be populated with the Initiator Reference Number from the MessageID field in in XML in the SCRIPT transaction.	CS2*
	DSP21	**Electronic Prescription Order Number** This field should be populated with the Initiator Control Reference from the PrescriberOrderNumber field in XML in the SCRIPT standard.	N
	DSP22	**Quantity Prescribed** This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	N
	DSP23	**Rx SIG** This field captures the actual directions printed on the prescription vial label.	N

Segment	Element ID	Element Name	Requirement
	DSP24	**Treatment Type** While this field can be used to indicate that the prescription was for opioid dependency treatment when code "02" is used, it can also be used to provide other reasons for the opioid prescription through use of the additional codes. • 01 Not used for opioid dependency treatment • 02 Used for opioid dependency treatment • 03 Pain associated with active and aftercare cancer treatment • 04 Palliative care in conjunction with a serious illness • 05 End-of-life and hospice care • 06 A pregnant individual with a pre-existing prescription for opioids • 07 Acute pain for an individual with an existing opioid prescription for chronic pain • 08 Individuals pursuing an active taper of opioid medications • 09 Patient is participating in a pain management contract • 99 Other (trading partner agreed upon reason) ***Note:** Codes 03-99 can only be reported if provided by the prescriber.*	N
	DSP25	**Diagnosis Code** This field is used to report the ICD-10 code or CDT. If required by a PDMP, the ICD-10 or CDT code must be provided by the prescriber.	N
PRE: Prescriber Information (required) Used to identify the prescriber of the prescription.			
	PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	N
	PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R
	PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	**Prescriber State License Number** Identification assigned to the prescriber by the Licensing Board.	N
	PRE05	**Last Name** Prescriber's last name.	N

Segment	Element ID	Element Name	Requirement
	PRE06	**First Name** Prescriber's first name.	N
	PRE07	**Middle Name** Prescriber's middle name or initial.	N
	PRE08	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
	PRE09	**XDEA Number**	N

CDI: Compound Drug Ingredient Detail (situational)

Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.

If CDI is filled in, the NDC of DSP08 must be 99999999999.

Segment	Element ID	Element Name	Requirement
	CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S
	CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. • 01 NDC	S
	CDI03	**Product ID** Full 11-digit NDC number as indicated in CDI02, created by adding a zero to the front of the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation.	S
	CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S
	CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	S

AIR: Additional Information Reporting (situational)

Used when serialized Rx pads are used, the PMP requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.

Note: If this segment is used, at least one of the data elements (fields) will be required.

Segment	Element ID	Element Name	Requirement
	AIR01	**State Issuing Rx Serial Number** U.S.P.S. state or other regional jurisdiction code that issued serialized prescription blank. This is required if AIR02 is used.	CS2*
	AIR02	**State Issued Rx Serial Number** Number assigned to state or other regional jurisdiction issued serialized prescription blank.	CS2*
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N
	AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	N
	AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	N
	AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other	N
	AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	N
	AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	N
	AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	N
	AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	N

Segment	Element ID	Element Name	Requirement
	AIR11	**Dropping Off/Picking Up Identifier Qualifier**	N
		Additional qualifier for the ID contained in AIR05	
		• 01 Person Dropping Off	
		• 02 Person Picking Up	
		• 03 Unknown/Not Applicable	
TP: Pharmacy Trailer (required)			
Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	**Detail Segment Count**	R
		Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	
TT: Transaction Trailer (required)			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	**Transaction Control Number**	R
		Identifying control number that must be unique.	
		Assigned by the originator of the transaction.	
		Must match the number in TH02.	
	TT02	**Segment Count**	R
		Total number of segments included in the transaction including the header and trailer segments.	

Appendix D: ASAP 4.2B Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.2B format to comply with the TX PMP requirements.

The following table lists the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by Texas
- N = Not required but accepted if submitted
- S = Situational
- **CS2*** = Required for Schedule II prescriptions. Elements marked with **CS2*** are required to be populated in accordance with Texas State Board of Pharmacy Specifications. See the Schedule II Control Number Requirements section of this document for additional details.

Note: For more information, contact the American Society for Automation in Pharmacy for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs. That guide includes some acceptable field attributes, such as allowed values, some formats and examples.

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Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	**Version/Release Number** Code uniquely identifying the transaction. Format = xx.x	R
	TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	R
	TH03	**Transaction Type** Identifies the purpose of initiating the transaction. • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	N
	TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	TH05	**Creation Date** Date the transaction was created. Format: CCYYMMDD.	R
	TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	**File Type** • P = Production • T = Test	R
	TH08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	N
	TH09	**Segment Terminator Character** This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required)			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	**Unique Information Source ID** Reference number or identification number. (Example: phone number)	R

Segment	Element ID	Element Name	Requirement
	IS02	**Information Source Entity Name** Entity name of the Information Source.	R
	IS03	**Message** Free-form text message.	N
PHA: Pharmacy Header (required) Used to identify the pharmacy. **Note:** It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	N
	PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
	PHA04	**Pharmacy Name** Free-form name of the pharmacy or dispensing practitioner's name.	R
	PHA05	**Address Information – 1** Free-form text for address information.	N
	PHA06	**Address Information – 2** Free-form text for address information.	N
	PHA07	**City Address** Free-form text for city name.	N
	PHA08	**State Address** U.S. Postal Service code.	N
	PHA09	**ZIP Code Address** U.S. Postal Service ZIP Code. Do not include hyphens.	N
	PHA10	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
	PHA11	**Contact Name** Free-form name.	N
	PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	N

Segment	Element ID	Element Name	Requirement
	PHA13	**Pharmacy's Permit Number/License Number** Identification assigned to the Pharmacy by the Board of Pharmacy. To be utilized only when the pharmacy does not have an NPI number or DEA number. In this instance, leave PHA01 and PHA03 blank and insert the Pharmacy's permit number in PHA13 (e.g., PHY.00####-XX).	N

PAT: Patient Information (required)

Used to report the patient's name and basic information as contained in the pharmacy record.

Segment	Element ID	Element Name	Requirement
	PAT01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT03.	N
	PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis) • 10 Veterinary Patient Microchip Number • 99 Other (agreed upon ID)	N
	PAT03	**ID of Patient** Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
	PAT04	**ID Qualifier of Additional Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N

Segment	Element ID	Element Name	Requirement
	PAT05	**Additional Patient ID Qualifier**	N
		Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required.	
		• 01 Military ID	
		• 02 State Issued ID	
		• 03 Unique System ID	
		• 04 Permanent Resident Card (Green Card)	
		• 05 Passport ID	
		• 06 Driver's License ID	
		• 07 Social Security Number	
		• 08 Tribal ID	
		• 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis)	
		• 10 Veterinary Patient Microchip Number	
		• 99 Other (agreed upon ID)	
	PAT06	**Additional ID**	N
		Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	
	PAT07	**Last Name**	R
		Patient's last name.	
	PAT08	**First Name**	R
		Patient's first name.	
	PAT09	**Middle Name**	N
		Patient's middle name or initial if available.	
	PAT10	**Name Prefix**	N
		Patient's name prefix such as Mr. or Dr.	
	PAT11	**Name Suffix**	N
		Patient's name suffix such as *Jr.* or *the III.*	
	PAT12	**Address Information – 1**	R
		Free-form text for street address information.	
	PAT13	**Address Information – 2**	S
		Free-form text for additional address information.	
	PAT14	**City Address**	R
		Free-form text for city name.	
	PAT15	**State Address**	R
		U.S. Postal Service state or other regional jurisdiction code	

Segment	Element ID	Element Name	Requirement
	PAT16	**ZIP Code Address** U.S. Postal Service ZIP code. Do not include hyphens. **Note:** Populate with zeros if patient address is outside the U.S.	R
	PAT17	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	R
	PAT19	**Gender Code** Code indicating the sex of the patient. • F Female • M Male • U Unknown	R
	PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. • 01 Human • 02 Veterinary Patient	N
	PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other	N
	PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	N

Segment	Element ID	Element Name	Requirement
	PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	N
DSP: Dispensing Record (required) Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	**Reporting Status** DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). ***Note:** For prescriptions voided with code "02", a limited data set is being offered as an option PMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription.	R
	DSP02	**Prescription Number** Serial number assigned to the prescription by the pharmacy.	R
	DSP03	**Date Written** Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	R
	DSP05	**Date Filled** Date prescription was filled. Format: CCYYMMDD	R
	DSP06	**Fill Number** Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the fill number.	R
	DSP07	**Product ID Qualifier** Used to identify the type of product ID contained in DSP08. • 01 NDC • 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)	R

Segment	Element ID	Element Name	Requirement
	DSP08	**Product ID** Full product identification as indicated in DSP07, including leading zeros without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters; CDI then becomes required.	R
	DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 **Note:** For compounds show the first quantity in CDI04.	R
	DSP10	**Days' Supply** Estimated number of days the medication will last.	R
	DSP11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. • 01 Each • 02 Milliliters (ml) • 03 Grams (gm)	N
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 06 Transfer/Forwarded • 99 Other	CS2*
	DSP13	**Partial Fill Indicator** Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. • 00 Not a Partial Fill • 01 First Partial Fill *Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.*	S
	DSP14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N

Segment	Element ID	Element Name	Requirement
	DSP15	**Pharmacist State License Number** This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	N
	DSP16	**Classification Code for Payment Type** Code identifying the type of payment (i.e., how it was paid for). • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other	R
	DSP17	**Date Sold** Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	N
	DSP18	**RxNorm Code Qualifier** RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. • 01 Semantic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK)	N
	DSP19	**RxNorm Code** Used for electronic prescriptions to capture the prescribed drug product identification.	S
	DSP20	**Electronic Prescription Reference Number** This field should be populated with the MessageID in the XML format of the SCRIPT transaction.	CS2*
	DSP21	**Electronic Prescription Order Number** This field should be populated with the PrescriberOrderNumber in the XML format of the SCRIPT standard.	N
	DSP22	**Quantity Prescribed** This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	N

Segment	Element ID	Element Name	Requirement
	DSP23	**Rx SIG** This field captures the actual directions printed on the prescription vial label.	N
	DSP24	**Treatment Type** This field is used to explain the reason for an opioid prescription. If the prescription is not for an opioid, this field should not be used. • 01 Not used for opioid dependency treatment • 02 Used for opioid dependency treatment • 03 Pain associated with active and aftercare cancer treatment • 04 Palliative care in conjunction with a serious illness • 05 End-of-life and hospice care • 06 A pregnant individual with a pre-existing prescription for opioids • 07 Acute pain for an individual with an existing opioid prescription for chronic pain • 08 Individuals pursuing an active taper of opioid medications • 09 Patient is participating in a pain management contract • 10 Acute Opioid Therapy • 11 Chronic Opioid Therapy 99 Other (trading partner agreed upon reason)	N
	DSP25	**Diagnosis Code** This field is used to report the ICD-10 code or CDT. If required by a PMP, this field would be populated only when the ICD-10 or CDT code is available. **Note:** Exclude the decimal point when reporting this field.	N
PRE: Prescriber Information (required) Used to identify the prescriber of the prescription.			
	PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	N
	PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA). For prescribers or reportable drugs that have no DEA number, another identifier, such as their NPI or Prescriber License Number must be submitted. **Note:** This field is required when the prescription is a controlled substance, based on either federal or other more local regulation.	R

Segment	Element ID	Element Name	Requirement
	PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	**Prescriber License Number** Identification assigned to the prescriber by the Licensing Board. To be utilized for non-controlled substances (e.g., gabapentin) only when the prescriber does not have an NPI number or DEA number (e.g., veterinarian). In this instance, leave PRE01 and PRE02 blank and insert the prescriber's Louisiana state license number in PRE04. Note: This field can be used for veterinary prescriptions.	N
	PRE05	**Last Name** Prescriber's last name.	R
	PRE06	**First Name** Prescriber's first name.	R
	PRE07	**Middle Name** Prescriber's middle name or initial.	N
	PRE08	**Phone Number** Complete phone number including area code. Do not include hyphens.	N
	PRE09	**XDEA Number** This field is in addition to Treatment Type in the DSP segment. This gives PMPs the option to require the XDEA Number (NADEAN) in the PRE segment.	N
	PRE10	**Jurisdiction or State Issuing Prescriber License Number** Use this field to further identify the information provided in PRE04.	N
CDI: Compound Drug Ingredient Detail (situational) Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 99999999999.			
	CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S
	CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. • 01 NDC	S

Segment	Element ID	Element Name	Requirement
	CDI03	**Product ID** Full product identification as indicated in CDI02, including leading zeros without punctuation.	S
	CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S
	CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	S
AIR: Additional Information Reporting (situational)			
Used when state-issued serialized Rx pads are used, the PMP requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. *Note:* *If this segment is used, at least one of the data elements (fields) will be required.*			
	AIR01	**State Issuing Rx Serial Number** U.S.P.S. state code or other regional jurisdiction code that issued serialized prescription blank. This is required if AIR02 is used.	CS2*
	AIR02	**State Issued Rx Serial Number** Number assigned to state issued serialized prescription blank.	CS2*
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N
	AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID	N
	AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	N

Segment	Element ID	Element Name	Requirement
	AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other	N
	AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	N
	AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	N
	AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	N
	AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	N
	AIR11	**Dropping Off/Picking Up Identifier Qualifier** Additional qualifier for the ID contained in AIR05 • 01 Person Dropping Off • 02 Person Picking Up • 03 Unknown/Not Applicable	N
TP: Pharmacy Trailer (required)			
Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required)			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	**Transaction Control Number** Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	**Segment Count** Total number of segments included in the transaction including the header and trailer segments.	R

Appendix E: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to the TX PMP. It lists the **Segment** and **Element ID** with pre-populated data to be used as an example for constructing a zero report. For more details regarding these Segment or Elements IDs, or for details on reporting actual dispensations, please refer to Appendix A: ASAP 4.1 Specifications, Appendix B: ASAP 4.2 Specifications, Appendix C: ASAP 4.2A Specifications, or Appendix D: ASAP 4.2B Specifications.

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
	TH01	4.2	R
	TH02	123456	R
	TH05	20220401	R
	TH06	223000	R
	TH07	P	R
	TH09	\\	R
IS: Information Source (required)			
	IS01	7705555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report #YYYYMMDD#-#YYYYMMDD#	R
PHA: Pharmacy Header (required)			
	PHA03	ZZ1234567	R
PAT: Patient Information (required)			
	PAT07	REPORT	R
	PAT08	ZERO	R
DSP: Dispensing Record (required)			
	DSP05	20220401	R
PRE: Prescriber Information (required; can be null as follows: PRE*******\)			
CDI: Compound Drug Ingredient Detail			
AIR: Additional Information Reporting			
TP: Pharmacy Trailer (required)			
	TP01	7	R
TT: Transaction Trailer (required)			
	TT01	123456	R

	TT02	10		R

Sample Zero Report

The following example illustrates a zero report using the above values.

TH*4.2*123456*01**20220108*223000*P**\\

IS*7705555555*PHARMACY NAME*#20220101#-#20220107#\

PHA*** ZZ1234567\

PAT*******REPORT*ZERO***********\

DSP*****20220108******\

PRE*\

CDI*\

AIR*\

TP*7\

TT*123456*10\

Appendix F: SFTP Configuration

This appendix describes the SFTP configurations required to upload your data to PMP Clearinghouse.

Note: Submitting data via SFTP requires that you have an existing PMP Clearinghouse account with SFTP access.

- *If you need to create a PMP Clearinghouse account, please refer to Creating Your Account. You will be able to set up your SFTP account during the account creation process.*
- *If you have an existing PMP Clearinghouse account but do not have SFTP access, please refer to Adding SFTP Access to an Upload Account.*

SFTP Connection Details

Hostname: sftp.pmpclearinghouse.net

Bamboo Health recommends that you use the hostname when configuring the connection rather than the IP address, as the IP address is subject to change.

Port: 22

Note: The port will always be 22.

- **Credentials:** Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, log in to PMP Clearinghouse, then click **Account** > **SFTP Details** > **Edit**.
- Your username cannot be modified; however, you can update your password.

  Note: Your current SFTP password cannot be seen or recovered. If you have forgotten or lost it, you will need to create a new one. For more information on changing the SFTP password, please refer to Adding SFTP Access to an Upload Account.
- **Once you have established SFTP access, you can test the SFTP connection, but you will not be able to submit data to a PMP until your account has been approved by the PMP administrator.**

PMP Subfolders

PMP Clearinghouse is the data repository for numerous PMPs. As such, data submitted via SFTP must be placed in the appropriate folder for the PMP for which you are submitting data so that it can be properly imported to that PMP. The creation of subfolders must be done outside of the PMP Clearinghouse website using third-party software, such as an SSH client or a command line utility. Files placed in the root/home directory of the SFTP server will not be imported, as this will cause the dispensing entity to appear as noncompliant/delinquent.

Your pharmacy software will need to be configured to place files in the appropriate PMP folder when submitting. You may need to contact your software vendor for additional assistance with this process.

*NOTE: Capitalization of the abbreviated PMP folders' names has no bearing on whether or not Clearinghouse processes the files; however, some pharmacy systems, especially *nix-based systems, will require that the exact case is used when specifying the target folder.*

There are two methods by which to create PMP subfolders for SFTP submissions:

1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
   a. Log in to your SFTP account.
   b. Create the required directories under */homedir*.
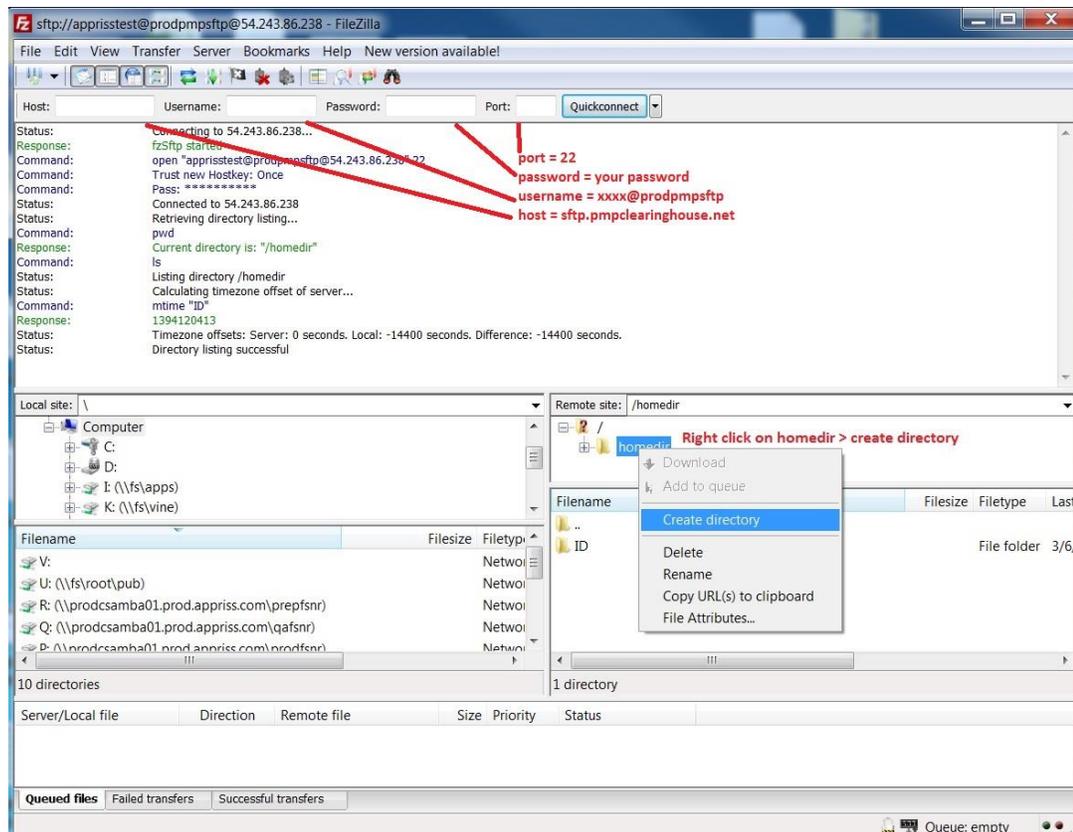
2. **Via command prompt**
   a. Log in to your SFTP account using command prompt.
   b. Type "**mkdir**" followed by a space and then the PMP abbreviation you are using (e.g., *mkdir TX*).

   *NOTE: The PMP folder must be titled with the two-letter abbreviation as specified above.*
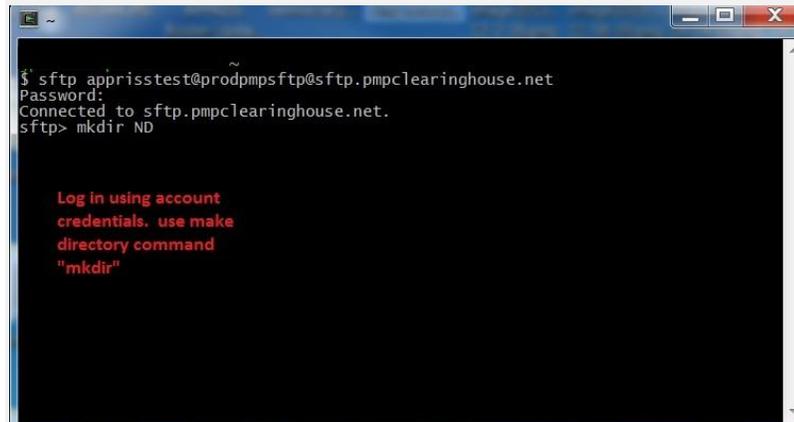
# Public (SSH/RSA) Key Authentication

PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

Note: PGP Encryption is not supported.

- **Supported Key Types:**
  – SSH-2 RSA 2048 bit length
- **Unsupported Key Types:**
  – SSH-1 RSA
  – SSH-2 DSA
- **Correct Public Key Format:** If opened in a text editor, the key should look like the screenshot below.
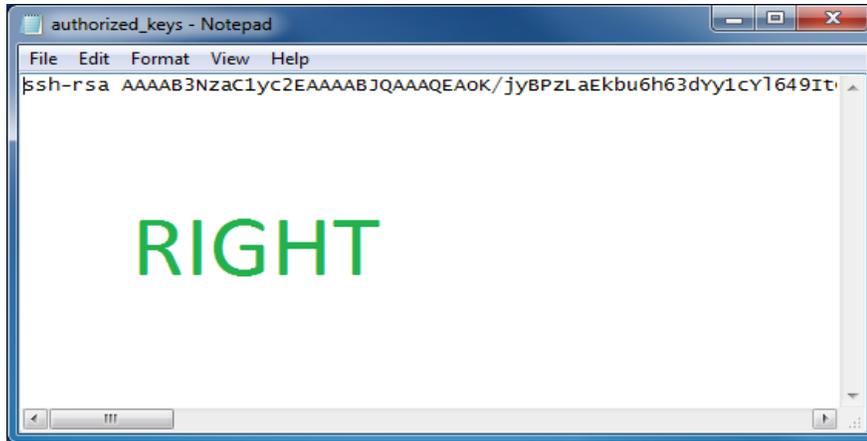
- **Incorrect Public Key Format:** If opened in a text editor, the key SHOULD NOT look like the screenshot below.
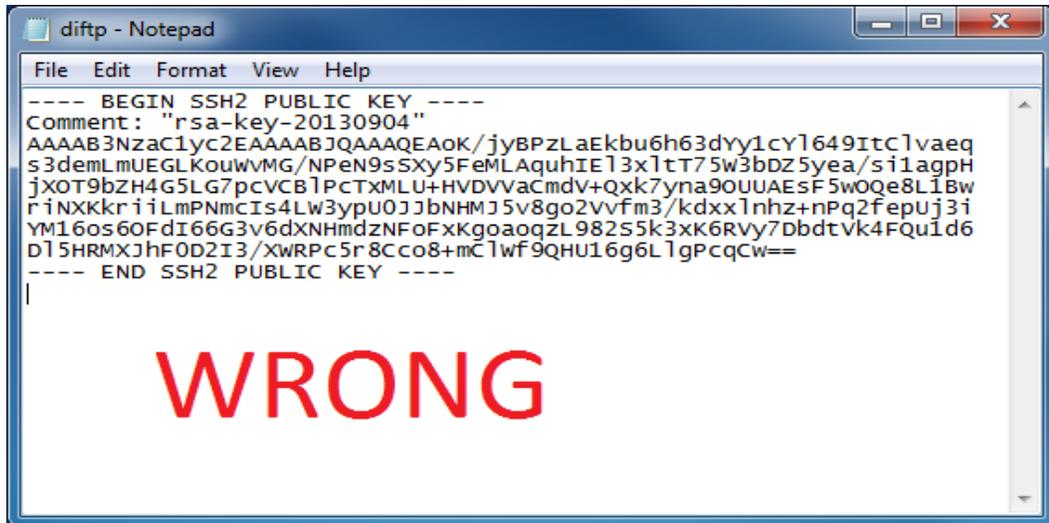
- Once the key has been generated, it should be named "*authorized_keys*".

  Notes:

  - *There is no file extension.*

  - *There is an underscore between the words **authorized** and **keys**.*

- A *.ssh* subfolder needs to be created in the SFTP account's home directory. The "*authorized_keys*" file must be placed in the *.ssh* folder. The creation of this folder follows the same process as creating a PMP subfolder. Please refer to PMP Subfolders for steps on creating subfolders.

Appendix G: Universal Claim Form (Paper)

NOTE: Paper UCF submissions should only be used by dispensers lacking internet access. Otherwise, submissions should be submitted via PMP Clearinghouse as outlined in the [Data Delivery Methods](#) chapter of this document.

Fax UCF Submissions: 866-282-7076

Mail UCF Submissions:

Bamboo Health, Inc.
ATTN: Gregory Hatcher
9901 Linn Station Road
Suite 500
Louisville, KY 40223

Use the template on the following page for paper UCF submissions.

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Texas Universal Claim Form

Dispenser DEA #: __ __ __ __ __ __ __ __ __

Patient Details				
Last Name	**First Name**	**Date of Birth**	**Gender**	**Patient ID Number**
Street Address	**City**	**State**	**Zip**	**Patient ID Type**
				[ ] Military ID [ ] SSN [ ] State ID [ ] Tribal ID

Prescriber Details	
Prescriber DEA # ___ ___ ___ ___ ___ ___ ___ ___ ___	[ ] System ID [ ] Other [ ] Green Card [ ] Passport [ ] Driver's License

Prescription Details

Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	Payment Method
					[ ] Private Pay

NDC Code (Add zero to front of appropriate segment)	Days Supply	Quantity	Dosage Units	Payment Method
___ ___ ___ ___ ___-___ ___ ___ ___-___ ___			[ ] Each [ ] Grams [ ] Milliliters	[ ] Medicaid [ ] Medicare [ ] Commercial Ins [ ] Military/VA [ ] Worker's Comp [ ] Indian Nations [ ] Other